

PART 2

SECTION 4

SERVICE DEFINITIONS

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4000 SERVICE DEFINITIONS

4001 ADAPTIVE AIDS AND DEVICES

Adaptive aids and devices are those devices, controls, appliances, and/or supplies determined necessary for older adults or persons with disabilities to increase their ability to function in a home and community-based setting, with independence and physical safety.

4001.1 ALLOWABLE ADAPTIVE AIDS AND DEVICES

Allowable adaptive aids and devices include:

- (1) communication aids and devices;
 - (A) Personal Emergency Response System (PERS)
- (2) Other communication aids such as:
 - (A) direct selection communicators;
 - (B) alphanumeric communicators;
 - (C) scanning communicators;
 - (D) encoding communicators;
 - (E) speech amplifier; and
 - (F) electronic speech aids/devices.
- (3) Adaptive aids and devices:
 - (A) standing boards/frames;
 - (B) adaptive switches/devices;
 - (C) meal preparation and dining aids/devices/appliances;
 - (D) specially adaptive locks; and
- (4) Other adaptive aids and devices.

4001.2 ADAPTIVE AIDS AND DEVICES NOT ALLOWED

(a) Services which duplicate any other service, provided under the client's plan of care are not allowed.

(b) Adaptive Aids or devices needed solely for the convenience of the client or caregiver are not allowed.

4001.3 FUNDING SOURCES FOR ADAPTIVE AIDS AND DEVICES

Funding sources are Title III, CHOICE, and SSBG.

4001.4 THE FSSA DA POLICY AND PROCEDURES REGARDING ADAPTIVE AIDS AND DEVICES

The FSSA DA shall monitor and assess AAAs on the provision of Adaptive Aids and Devices.¹

4001.5 AAA POLICY AND PROCEDURES CONCERNING ADAPTIVE AIDS AND DEVICES

The AAA shall determine client eligibility for Adaptive Aids and Devices and make referrals to a service provider. The AAA shall monitor and assess service providers on the provision of Adaptive Aids and Devices Services.²

4001.6 SERVICE PROVIDER RESPONSIBILITIES CONCERNING ADAPTIVE AIDS AND DEVICES

(a) Each service provider must meet all applicable federal, state, and county requirements.

(b) Required documentation from the service provider includes:

(1) the installation date of any adaptive aid or device, assistive technology, or other equipment; and

(2) the maintenance date of any adaptive aid or device, assistive technology or other equipment.

(c) A change made to any adaptive aid or device, assistive technology, or other equipment, including any alteration, correction, or replacement.

4001.7 UNIT OF SERVICE

A unit of service equals one approved Adaptive Aid or Device.

¹ Changed 5/13/05

² Changed 5/13/05

4002 OTHER SERVICES FUNDED BY CHOICE

(a) "Other Services" are those services necessary to prevent clients from losing their independence which are not traditionally listed as allowable services to be funded by CHOICE or any other source.

(b) Some services still may not be considered appropriate for CHOICE funding. The **FSSA DA** requires that the case manager supervisor or an AAA official, contact the appropriate **FSSA DA** staff person before proceeding with a request for funding approval.

4002.1 SERVICES NOT ALLOWED

Any service other than those services that are necessary to prevent older adults and persons with disabilities from losing their independence, are not allowed.

4002.2 FUNDING SOURCES FOR OTHER SERVICES

CHOICE is the funding of last resort for in-home and community-based services. If any older adult or person with disabilities applying for or receiving services through CHOICE funding is eligible for similar services from funding sources other than CHOICE, those funding sources must be utilized prior to or in place of CHOICE funding.

4002.3 THE **FSSA DA POLICY AND PROCEDURES REGARDING OTHER SERVICES**

The **FSSA DA** is responsible for the evaluation and approval of requests for other services necessary to prevent institutionalization submitted by the AAAs, costing more than \$4,999.99. The **FSSA DA** also shall monitor and assess AAAs on the provision of such other services.

4002.4 AAA POLICY AND PROCEDURES CONCERNING OTHER SERVICES

(a) AAAs must submit a plan of care for each client. Also, a Request for Approval to Authorize Services (RFA) form must be submitted for authorization, to the **FSSA DA** for each service cost that is over \$4,999.99.

(b) When the AAA has established a documented history of consistent **FSSA DA** approval and successful use of this service, a waiver of **FSSA DA** prior approval process may be requested.

4002.5 SERVICE PROVIDER RESPONSIBILITIES SPECIFIC TO CHOICE FUNDING

Each AAA has the responsibility to arrange for the provision of individually needed CHOICE services through local service providers, including the arrangements of fees for service contracts.

4002.6 UNIT OF SERVICE

A unit of service equals one hour of approved service or one device or supply.

4003 ADULT DAY SERVICES

(a) Adult Day Services are structured community based programs that provide a variety of health, social, recreational, and related supportive services for older adults and persons with disabilities in a protective setting during daytime and early evening hours.

(b) This service is designed to meet the needs of eligible persons through an individualized service plan including personal care and supervision, medical care, transportation to and from the site, and therapeutic and recreational activities. Adult Day Services also includes the provision of meals and snacks, as appropriate.

(c) Adult Day Services assess the needs of participating individuals and offer services to meet those needs. Adult Day Services are provided at 3 different, designated levels of services.¹

(d) The three levels of Adult Day Services include:

(1) Basic Adult Day Services (Level 1) which include the following:

(A) monitoring and/or supervision of all Activities of Daily Living (ADLs) which are defined as dressing, bathing, grooming, eating, walking, and toileting with hands on assistance provided as needed;

(B) comprehensive, therapeutic activities;

(C) assurance health assessment and intermittent monitoring of health status;

(D) monitoring of medication/or medication administration; and

(E) the ability to provide appropriate structure and supervision for those with mild cognitive impairment.

(2) Enhanced Adult Day Services (Level 2) which include the following:

(A) assuring that Basic (Level 1) service requirements are met;

(B) providing hands-on assistance with 2 or more ADLs or hands-on assistance with bathing or other personal care;

(C) health assessment with regular monitoring or intervention with health status;

(D) dispensing or supervision of the dispensing of medications to participants;

¹ State of Indiana Medicaid Waiver Standards and Guidelines, Adult Day Services, June 2001
For a copy of the *State of Indiana Medicaid Waiver Standards and Guidelines – Adult Day Services - June 2001*, contact the Agency Oversight Unit of the Division of Aging at 317-233-0800. The Adult Day Services may also be electronically accessed from the INsite program.

(E) psychosocial needs assessment and addressing needs including counseling for participants and caregivers; and

(F) provision of appropriate therapeutic structure, supervision and intervention for those with mild to moderate cognitive impairments.

(3) Intensive (Level 3) which includes the following:

(A) meeting Basic (Level 1) and Enhanced (Level 2) service requirements;

(B) hands on assistance or supervision with all ADLs and personal care;
(C) one or more direct health intervention(s) as required;

(D) rehabilitation and restorative services including Physical Therapy, Speech Therapy, Occupational Therapies, coordinated or available;

(E) providing therapeutic intervention to address dynamic psychosocial needs such as depression or family issues effecting care; and

(F) providing therapeutic interventions for those participants with moderate to severe cognitive impairments.

4003.1 ALLOWABLE ACTIVITIES

(a) Supervision and assistance, when needed, with Activities of Daily Living (ADL) and supervision of personal hygiene and personal care as determined in level of service assessment.

(b) Provision of individual and group social, health related, and recreational activities provided at the Adult Day Service site. Recreational activities should be activities that are included in a place of treatment related to specific therapeutic goals which can include a group exercise program and preventive health screening such as blood pressure checks and discussion groups.

(c) Activities that may be provided outside the program site, during service hours, if accompanied by a staff member, those activities may include:

(1) two shopping trips per month (per client), when taken in a group;

(2) medically related trips, when necessary, as documented in the care plan;

(3) a maximum of four specialized field trips each per month designed for client groups, such as attendance at concerts, plays, films, museums, or special events; and

(4) One nutritionally balanced meal per day (and a nutritional snack if the client is present for more than three hours).

4003.2 ACTIVITIES NOT ALLOWED

Funding sources for adult day services will cover only those activities described as Allowable Activities in this service.

4003.3 FUNDING SOURCES ADMINISTERED BY THE FSSA DA FOR ADULT DAY CARE SERVICES

Funding sources are:

- (1) SSBG
- (2) CHOICE
- (3) Older Hoosier Funds
- (4) Title III
- (5) Program Income

4003.4 THE FSSA DA POLICY AND PROCEDURES REGARDING ADULT DAY CARE SERVICES PROVIDERS

(a) The **FSSA DA** is responsible for the approval of all service providers of Adult Day Services.

(b) After a prospective service provider indicates a desire to provide adult day services, the **FSSA DA** will send an application packet to the service provider that will include a survey tool to be completed by the service provider. The requirements for certification are also included.

(c) The service provider will return the completed application and survey along with any other requested documentation to the **FSSA DA**.

(d) The **FSSA DA** or the AAA will arrange a time to inspect the facility and will speak with the owner/administrator on site. An informal summary of findings of the inspection will occur on site. The **FSSA DA** will follow-up with a letter sent to the prospective service provider, to confirm any changes (if applicable) that need to be completed by the prospective service provider, to make the facility in compliance with Adult Day Services requirements.

(e) When the facility is in compliance with all requirements, the **FSSA DA** will send a provider agreement, W-9, a certification letter, and the county survey indicating which counties will be served.

(f) When the provider agreement and other forms are returned and are found to be complete, the documents will be reviewed and forwarded to Electronic Data Systems (EDS), as appropriate. EDS will issue a provider number and enroll the service provider on the EDS system.

4003.5 AAA POLICY AND PROCEDURES REGARDING ADULT DAY SERVICES

The AAA shall contract with a service provider for providing Adult Day Services. The local AAA shall contract, negotiate service rates (for programs other than the waiver program), determine client eligibility for adult day services, and refer eligible clients to a certified service provider.

4003.6 SERVICE PROVIDER RESPONSIBILITIES CONCERNING ADULT DAY SERVICES

(a) Adult Day Services providers must comply with all requirements listed in the *Indiana Medicaid Adult Day Services Standards and Guidelines*, including the following:

- (1) administrative structure requirements;
- (2) administrative responsibilities;
- (3) staff requirements;
- (4) facility and grounds requirements;
- (5) service requirements;
- (6) emergency preparedness documentation requirements;
- (7) service file documentation requirements;
- (8) activities requirements;
- (9) food service procedures;
- (10) meal requirements;
- (11) nutrition component requirements;
- (12) transportation service requirements; and
- (13) vehicle requirements.

(b) In addition, the Adult Day Service provider shall provide Adult Day Services that are in compliance with all federal, state, and local policies and regulations.

4003.7 DAY CARE MEAL

(a) The day care meal is a nutritionally balanced meal provided to the client at least once a day and a nutritionally balanced snack, if the client is present for more than 3 hours at the adult day services site.

(b) Individual meals and snacks must be nutritionally balanced and each meal must provide a minimum of 1/3 of the current daily recommended dietary allowance (RDA) specified appropriate for the client's age by the Food and Nutrition Board of the National Academy of Sciences, National Research Council.

4003.8 DAY CARE TRANSPORTATION

(a) The provision of transportation to and from an Adult Day Services site and to and from special field trips may be part of the Adult Day Services.

(b) The Adult Day Service provider shall agree to provide the service as required and to handle billing for services directly with the fiscal agent. In addition to any funding specific

requirements, the Adult Day Service provider must obtain certification by **FSSA DA** if approval is sought for the waiver program. The Adult Day Service provider must comply with the above stated sets of requirements.

4003.9 UNIT OF SERVICE

(a) Older adults or persons with disabilities attend Adult Day Services on a planned basis. A minimum of 3 hours to a maximum of 12 hours shall be allowed.

(b) There are 2 units of service allowed under Adult Day Care Services. The 2 units are 1/2 day rate and 1/4 hour rate. The 1/2 day rate covers from 3 hours up to 5 hours. A full day is considered from 5 to 8 hours. The 1/4 hour rate is to be used for all hours over 8 and up to 12.

(1) Examples:

(A) If a client needs 3 hours of service, it is recorded on the Plan of Care/Cost Comparison Budget (POC/CCB) as 1 unit of service.

(B) If a client needs 4 hours of service, it is recorded on the POC/BBC as 1 unit at the 1/2 day rate.

(C) If a client needs 5 hours of service, it is recorded on the POC/BBC as 2 units at the 1/2 day rate.

(D) If a client needs 8 hours of service, it is recorded on the POC/BBC as 2 units at the 1/2 day rate.

(E) If a client needs 9 hours of service, it is recorded on the POC/BBC as 2 units at the 1/2 day rate and 4 units at the 1/4 hour rate.

4004 ADULT GUARDIANSHIP SERVICES

(a) Adult Guardianship Services (AGS) provides incapacitated adults, who are unable to care for themselves properly or manage their own affairs without assistance due to certain incapacities or developmental disabilities, with the least restrictive type of guardianship or related service.¹

(b) Adult Guardianship Services provide individuals with the following:

(1) help in dealing with legal issues and problems;

(2) understanding and maintaining their:

(A) rights;

(B) exercise of choice; and

(C) benefits from available services.

(3) assistance in resolving disputes regarding clauses (A) through (B).

(c) The program also promotes the need for lifetime planning through understanding and use of advance directives.

4004.1 FUNDING SOURCES

Adult Guardianship Services are funded by state and local funds.

4004.2 THE FSSA DA POLICY AND PROCEDURES REGARDING ADULT GUARDIANSHIP SERVICES

(a) The **FSSA DA** shall contract in writing for the provision of guardianship services as required in each service provision region with a nonprofit corporation qualified to receive tax deductible contributions under Section 170 of the internal revenue code and located in the region.²

(b) The **FSSA DA** shall provide the following:

(1) technical assistance to local service providers;

(2) a standardized format for reporting and budget;

(3) assessment and monitoring of the provider program and the contract terms and conditions; and

¹ Indiana Code, 12-10-7-5

² Indiana Code, 12-10-7-8

(4) development and coordination of guardianship programs to all interested parties.

4004.3 SERVICE PROVIDER RESPONSIBILITIES CONCERNING ADULT GUARDIANSHIP SERVICES

(a) The service provider shall do the following:

- (1) assess each referred person to determine eligibility for guardianship or alternative services;
- (2) assure active participation of the Adult Guardianship Services committee in determining the necessity of a guardianship or alternative service and the appropriate, least restrictive type of service necessary for each assessed person;
- (3) assume full responsibility for incapacitated persons for whom the service provider is appointed guardian as set forth in IC 29-3-1-1 (in particular IC 29-3-8-1 through IC 29-3-8-8) and any other applicable provisions of law and by the terms of any court order;
- (4) maintain a file for each protected person that documents all action taken;
- (5) keep records and make such reports as required by the **FSSA DA** and/or the court; and
- (6) monitor and evaluate the activities of all programs on an ongoing basis.

(b) Each service provider is subject to periodic audit of the guardianship services program by the state board of accounts. The service provider shall arrange for a financial and compliance audit of the funds provided by the state. Audits are to be conducted by an independent public or certified public accountant and performed in accordance with the Indiana state board of accounts publication entitled "*Guidelines for Examination of Entities Receiving Assistance from Governmental Sources*".

4004.4 ALLOWABLE ADULT GUARDIANSHIP SERVICES

Adult Guardianship Services may include:

- (1) management of activities associated with the grant;
- (2) identification and determination of eligibility of potential individuals;
- (3) formulations and adoption of individualized service plans that assure the least restrictive type of guardianship or alternative services;
- (4) annual reassessment of each protected person;
- (5) training and supervision of staff, both paid and volunteer;

- (6) reporting and other procedures required **by the FSSA DA** and the courts; and
- (7) travel associated with assessment of individuals, arranging or providing services, and providing/obtaining training for staff and volunteers.

4004.5 ACTIVITIES NOT ALLOWED

(a) Except for guardianship and alternative services or other duties as set forth under allowable services, the provider will not provide a service directly to a protected person, unless a waiver has been obtained from the **FSSA DA** for those agencies that are the only provider for services needed by the protected person.

(b) The provider cannot subcontract for the provision of guardianship or in any way delegate responsibility for any guardianship or alternative service provided under the **FSSA DA** grant.

4005 ADULT PROTECTIVE SERVICES

(a) Adult Protective Services (APS) investigates allegations of endangerment of adults. When allegations are substantiated, arranges for the least restrictive form of intervention necessary to relieve the endangerment.

(b) Adult Protective Services is contracted from the **FSSA DA**, for each county with:

(1) the Prosecuting Attorney; or

(2) the Prosecuting Attorney that performs part of the services and a government entity qualified to perform the remainder of the required services.

(c) If the Prosecuting Attorney decides not to enter into a contract, a governmental entity qualified to provide the services required may be contracted.¹

4005.1 DEFINITION OF ENDANGERED ADULT

An adult is considered “endangered” if the individual is:

(1) at least 18 years old; and

(2) incapable by reason of mental illness, mental retardation, dementia, habitual drunkenness, excessive use of drugs, or other physical or mental incapacity, of managing or directing the management of the individual’s property or providing or directing the provision of self-care; and harmed or threatened with harm as a result of neglect, battery or exploitation of the individual’s personal services or property.²

4005.2 EXCEPTIONS TO DEFINITION OF ENDANGERED ADULT

An individual is NOT an Endangered Adult solely:

(1) for the reason that the individual is being provided spiritual treatment in accordance with a recognized religious method of healing, instead of specified medical treatment if the individual would not be considered to be an endangered adult if the individual were receiving the medical treatment; or

(2) on the basis of being physically unable to provide self care when appropriate care is being provided.³

¹ Indiana Code, 12-10-3-7

² Indiana Code, 12-10-3-2

³ Indiana Code, 12-10-3-8

4005.3 ALLOWABLE ACTIVITIES

(a) If the Adult Protective Services Unit has reason to believe that an individual is an endangered adult, the adult protective services unit shall investigate the complaint or cause the complaint to be investigated by law enforcement or other agency and make a determination as to whether the individual reported is an endangered adult.

(b) Allowable Adult Protective Services include:

- (1) receiving reports of alleged endangered adults;
- (2) investigating to determine whether a report can be substantiated;
- (3) referring persons determined not to be endangered to needed services;
- (4) evaluating the needs of a person determined to be endangered;
- (5) developing protective plans of care;
- (6) coordinating with and training of personnel in AAAs, banks, hospitals, law enforcement, legal services, long term care ombudsman programs, and other appropriate agencies and organizations;
- (7) monitoring of service provision or arrangement for monitoring;
- (8) making court appearances;
- (9) making formal presentations of information for the purpose of making the public more aware of the program;
- (10) preparing documents or researching information that supports any other allowable activity;
- (11) performing other activities ordered by the court;
- (12) performing activities that promote the prevention of adult abuse;
- (13) coordinating and training of volunteers to assist with allowable activities; and
- (14) attending workshops/in-service training related to adult abuse or prevention of adult abuse.¹

¹ Indiana Code 12-10-4-4

4005.4 FUNDING SOURCES FOR ADULT PROTECTIVE SERVICES

Adult Protective Services is provided with funding through State (75%) and Local Funds (25%).

4005.5 UNIT OF SERVICE

One hour of staff time spent performing allowable activities.

4006 ALZHEIMER'S DISEASE AND RELATED SENILE DEMENTIA (AD/RSD) PROGRAMS

(a) AD/RSD programs and projects are primarily conducted through contracted service providers. Service providers carry out specifications of projects and programs as developed by the **FSSA DA** in cooperation with the Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia (GTF) (Refer to Section 1112-Alzheimer's Disease and Related Senile Dementia Task Force.)

(b) Programs and projects vary depending upon the needs of the target population and the Indiana GTF.

4006.1 FUNDING SOURCES FOR AD/RSD

Special state appropriation funds are designated for programs and projects specifically pertaining to AD/RSD. Federal grants as awarded to Indiana for activities associated with AD/RSD, are also funding sources for AD/RSD.

4006.2 THE FSSA DA POLICY REGARDING AD/RSD SERVICES

(a) The **FSSA DA** is responsible for the administration of funding for programs, projects, grants, meetings, special events, services, documents, and disseminations associated with the operation of the GTF and all related projects.

(b) The **FSSA DA** shall apply for federal funds that may be available to Indiana for activities associated with AD/RSD.

(c) The **FSSA DA** shall require all facilities in Indiana that are licensed under or subject to Indiana Code 16-28 to submit, on an annual basis, a disclosure form.

(d) After receiving the completed Alzheimer's/Dementia Special Care Unit disclosure forms, the **FSSA DA** shall perform the following activities:

(1) make the completed Alzheimer's/Dementia Special Care Unit disclosure forms available to any individual upon request;

(2) publish all the disclosure forms before February of each year in a single publication to disseminate to the public upon request; and

(3) coordinate with the Indiana State Department of Health to assure that all licensed facilities with special care units submit completed Alzheimer's/Dementia Special Care Unit disclosure forms on an annual basis.

(e) The **FSSA DA** shall establish pilot programs for the provision of respite care and other supportive services, including home care services, for individuals with AD/RSD and their families and caretakers. The purpose of a respite care program is to do the following:

(1) provide relief to the family or caretaker of an individual with AD/RSD from the

stresses and responsibilities attendant to the individual's care; and

(2) prevent or reduce the incidence of inappropriate institutional care of individuals with AD/RSD and enable individuals with disabilities to remain in their homes as long as possible.¹

4006.3 THE FSSA DA PROCEDURES REGARDING ALZHEIMER'S/ DEMENTIA SPECIAL CARE UNIT DISCLOSURE FORM (STATE FORM 48896)

The **FSSA DA** shall complete the following procedures, on an annual basis:

- (1) collect and assemble the completed forms in a "by county" format;
- (2) compile the forms into a single document before the first day of February of each year;
- (3) send a copy of the compilation to Alzheimer Association offices;
- (4) send copies of appropriate county information to local Ombudsmen; and
- (5) send a copy of the compilation to anyone who requests the information. A section from the compilation may be sent, if a request is for information regarding a specific county or region.

4006.4 CONSULTATION

The **FSSA DA** shall consult with an Alzheimer's Disease or Related Senile Dementia support organization and other appropriate organizations in the development and evaluation of:

- (1) care or treatment training programs or respite care pilot programs; and
- (2) other long term care initiatives.²

4006.5 SERVICE PROVIDER RESPONSIBILITIES AND PROCEDURES REGARDING AD/RSD SERVICES

(a) Service providers are responsible for fulfilling the terms and conditions of their contracts in accordance with the related project proposals submitted to the **FSSA DA**.

(b) Health facilities shall submit the completed Alzheimer's/Dementia Special Care Unit disclosure form, provided by the **FSSA DA** in December of each year. Also the health

¹ Indiana Code 12-10-4-2

² Indiana Code 12-10-4-3

facility shall make the form available to any individual seeking information on services for an individual with Alzheimer's disease or related disorder.¹

4007 ATTENDANT CARE SERVICES

Attendant Care Services primarily involve "hands-on" assistance for older adults and persons with disabilities who have physical needs. These services are provided in order to allow older adults or persons with disabilities to remain in their own home and to carry out functions of daily living, self-care, and mobility.

4007.1 ALLOWABLE ACTIVITIES

Attendant Care Services may include:

(1) Incidental homemaker activities, which are not furnished in the absence of other attendant care services, that are essential to the client's health care needs to prevent or postpone institutionalization. Activities directly related to a client's medical needs, furnished in conjunction with but subordinate to direct patient care, are described in the Homemaker Service - Section 4013.

(2) Assistance, as specified in the plan of care, which may include the following:

(A) Attendant Care

- (i) Bathing (tub, shower)
- (ii) Partial bath, hands, face, back, bottom
- (iii) Oral hygiene
- (iv) Hair care
- (v) Shaving
- (vi) Intact skin care
- (vii) Dressing client
- (viii) Clipping hair
- (ix) Application of cosmetics
- (x) Hand and foot care

(B) Mobility

- (i) Proper body mechanics
- (ii) Transfer between bed and chair
- (iii) Ambulation (not including assistive devices)

(C) Nutrition

- (i) Meal planning, preparation, and clean up

(D) Elimination

- (i) Assisting with bedpan, bedside commode, toilet
- (ii) Incontinent or involuntary care
- (iii) Emptying urine collection and colostomy bags

(E) Safety

- (i) Use of the principles of health and safety in relation to self and

¹ Indiana Code 12-10-5.5-4

client
(ii) Identify and eliminate safety hazards
(iii) Practice health protection and cleanliness by appropriate techniques of handwashing, waste disposal, and household tasks

(F) Other

(i) Reminding client to self-administer medication
(ii) Reality orientation and sensory stimulation

(3) Escorting client to medical appointments.

(4) Assistance with correspondence and bill paying.

4007.2 ACTIVITIES NOT ALLOWED

(a) Activities not allowed:

(1) occupied bed changes;

(2) bearing full weight of client during transfer;

(3) supervision of dispensing of medication by client or dispensing of medication for client;

(4) skin care on broken skin;

(5) passive range of motion exercises;

(6) assistance with crutch ambulation;

(7) bedbaths;

(8) other activities that must be performed by a licensed health care professional;
and

(9) nail care of diabetic clients.

(b) Attendant Care Services will not be provided to medically unstable clients as a substitute for care provided by a registered nurse, licensed practical nurse, licensed physician, or other health professional.

4007.3 FUNDING SOURCES FOR ATTENDANT CARE SERVICES

Funding for Attendant Care Services comes from various sources including SSBG, Title III, CHOICE, and local funds.

4007.4 THE FSSA DA POLICY AND PROCEDURES REGARDING ATTENDANT CARE

SERVICES

The **FSSA DA** shall ensure that the AAAs have appropriate quality assurance methodology in place and shall conduct quality control reviews on a regular basis.

4007.5 AAA POLICY AND PROCEDURES REGARDING ATTENDANT CARE SERVICES

The AAA shall determine client eligibility and shall refer clients to an appropriate service provider, negotiate rates and memorandum of agreements, and institute quality assurance methods and reviews regarding attendant care services.

4007.6 SERVICE PROVIDER RESPONSIBILITIES CONCERNING ATTENDANT SERVICES

The service provider shall agree to provide the service as required and to handle billing directly to the fiscal agent.

4007.7 UNIT OF SERVICE

A unit of service equals 1 hour of allowable activities.

4008 CASE MANAGEMENT SERVICES

Case Management Services attempt to link clients to all needed services and to ensure that clients continue to receive and benefit from these services. Currently in Indiana, all 16 AAAs have been granted waivers and are allowed to provide direct delivery of Case Management Services.

4008.1 INDEPENDENT CASE MANAGERS

(a) Case management services can be provided to older adults and persons with disabilities by private, independent case-management companies or by individual case managers outside of the AAAs, if the personnel providing the case-management services meet the minimum qualifications for individual case managers.

(b) All case managers must be certified through the local Area Agency on Aging.

(c) Individual case managers must be able to supply a grade of case management services that is equal to that of a case manager employed by an AAA. Most services provided by the AAA case managers can also be supplied by independent case managers.¹

4008.2 CASE MANAGEMENT ALLOWABLE ACTIVITIES

Allowable case management activities shall include:

- (1) Assessments of eligible clients to determine eligibility for services, functional impairment level, and corresponding in-home and community services needed by the client.
- (2) Development of care plans to meet client needs.
- (3) Implementation of the care plans, linking client with needed services, regardless of the funding source.
- (4) Assessment and care planning for discharge from institutionalization.
- (5) Annual reassessments of clients needs.
- (6) Periodic updates of care plans.
- (7) Monitoring of the quality of home care community services provided to the client.
- (8) Determination of and monitoring the cost effectiveness of the provisions of in-home and community services.
- (9) Information and assistance services.

¹ Moved from Part 1, Section 1 - 4/10/06

(10) Enhancement or termination of services based on need.

4008.3 SERVICES NOT ALLOWED UNDER CASE MANAGEMENT

Activities not listed above are not considered allowable under case management and are not reimbursable.

4008.3.1 SERVICES NOT ALLOWED TO BE SUPPLIED BY INDEPENDENT CASE MANAGERS

Services that may NOT be supplied by independent case managers or independent case management companies are as follows:

- (1) initial applications for Medicaid Waivers; and**
- (2) CHOICE funded services.¹**

4008.3.2 ENTITIES NOT ALLOWED TO CONDUCT CASE MANAGEMENT SERVICES

Case Management may not be conducted by the following:

- (1) any organization, entity, or individual that also delivers other in-home and community-based services; or
- (2) any organization, entity, or individual related² by common ownership³ or control to any other organization, entity, or individual who also delivers other in-home and community-based services, unless the organization is an AAA that has been granted permission by the **FSSA DA** to provide direct services to clients.

4008.4 FUNDING SOURCES FOR CASE MANAGEMENT SERVICES

Funding sources for Case Management Services provided through the AAAs are SSBG, CHOICE, Title III, Older Hoosier Funds, and local funds.

¹ **Moved from Part 1, Section 1023 - 4/10/06**

² **Related** means associated or affiliated with, or having the ability to control, or be controlled by.

³ **Common Ownership** exists when an individual, individuals, or any level entity possess ownership or equity of at least five percent in the provider as well as the institution or organization serving the provider. Control exists where an individual or an organization has the power or ability directly or indirectly to influence or direct the actions or policies of an organization or institution, whether or not actually exercised.

4008.5 THE FSSA DA POLICY AND PROCEDURES REGARDING CASE MANAGEMENT SERVICES

The **FSSA DA** shall monitor and assess case management and help complete case management certification.

4008.6 AAA POLICY AND PROCEDURES REGARDING CASE MANAGEMENT SERVICES

(a) AAAs shall determine case manager certification in compliance with rules established by the **FSSA DA**. Case management may not be conducted by any agency or individual that also delivers other services, unless the agency has been granted a waiver by the **FSSA DA** to provide direct delivery of other services in addition to case management.

(b) The entity providing Case Management Services has the responsibility to do the following:

- (1) ensure the selection of qualified staff;
- (2) provide and arrange for orientation and initial training for case management staff;
- (3) provide and arrange for ongoing in-service training for case management staff;
- (4) perform record keeping and data collection activities;
- (5) provide community education regarding the case management system;
- (6) establish working relationships with existing service providers;
- (7) provide ongoing supervision of case managers;
- (8) ensure administrative and support services for the case management system;
- (9) ensure confidentiality of client information; and
- (10) develop and expand resources for providing community care services, where feasible.

(d) A provider of case management services shall ensure that the older adult or person with disabilities who is a client, and the client's legal representative, if applicable; and all other providers serving the older adult or person with disabilities client, regardless of whether the services provided are funded by CHOICE, Title III or SSBG, shall have copies of relevant documentation, including information on client rights, client care plan, how to file complaints with the **FSSA DA**, and requesting appeals concerning issues and disputes relating to the services provided to the client.

(e) If meals (home-delivered or congregate) is the only service obtained by an individual, and if complete case management services are not provided, the AAA

must have established written policies and procedures concerning who is responsible for administering, evaluating, and providing appropriate intervention related to nutrition assessment findings.¹

4008.7 CASE MANAGER QUALIFICATIONS

- (a) The qualifications of a prospective case manager (résumé, work experience, education, and training) are to be submitted to the appropriate AAA.
- (b) Certification is completed prior to the individual's employment.

4008.7.1 MINIMUM QUALIFICATIONS FOR INDIVIDUAL CASE MANAGERS

- (a) All case management services provided must comply with the “Case Management Standards” found in the Indiana Home and Community-Based Services Medicaid Waiver Provider Manual.
- (b) An applicant shall have the minimum educational/experience criteria, which includes:
 - (1) a Bachelor’s Degree in social work, psychology, sociology, counseling, gerontology, or nursing; or
 - (2) a Registered Nurse with one year experience in human services; or
 - (3) a Bachelor’s Degree in any other field with a minimum of 2 years full-time, direct service experience with the older adults or persons with disabilities. This experience must include assessment, care plan development, and monitoring; or
 - (4) a Master’s Degree in a related field may substitute for the required experience.
- (c) All case managers must attend the **Division of Disability, and Rehabilitative Services’ (DDRS) “Case Management Orientation” within the first six months of employment with an AAA or employment as an independent case manager.² Case Manager Orientation Training is exclusive to new Case Managers. Case Managers who have already attended Case Manager Orientation Training shall not be invited to attend a second time.³**
- (d) All case managers must annually obtain at least 20 hours of training regarding Case Management Services.

¹ Added 4/10/06

² Changed 4/10/06

³ Added 4/10/06

(e) If the **FSSA DA** identifies a systemic problem with a provider's services, the provider shall obtain training on the topics recommended by the **FSSA DA**.

4008.8 THE FSSA DA POLICY AND PROCEDURES REGARDING CERTIFICATION OF CASE MANAGERS

The **FSSA DA** shall establish case manager qualifications and monitor and assess Case Management Services. To provide Case Management Services, an applicant shall be approved by **DDRS** or its designee (**AAAs**).

4008.9 THE FSSA DA POLICY AND PROCEDURES FOR DE-CERTIFICATION OF CASE MANAGERS EMPLOYED BY AAA OR BY INDEPENDENT CASE MANAGEMENT AGENCIES

(a) A case manager employed by an AAA or by an independent case management agency will be de-certified (de-activated) as of the case manager's last date of employment. When a case manager is being terminated or resigns, the independent case management agency shall notify the AAA that **completed the original case management certification**,¹ of the termination or **resignation**. (A case manager should NOT be de-certified for a temporary absence, such as for maternity, medical, or family leave.)

(b) De-certification of an independent, non-agency case manager will remain the responsibility of the **FSSA DA**. If an AAA suspects that an independent, non-agency case manager may be providing poor quality or fraudulent services, the AAA should notify the Bureau of Quality Improvement **Services (BQIS)** immediately, so the potential problem can be investigated thoroughly.

(c) The **FSSA DA** shall establish case manager's qualifications and monitor case manager certifications conducted by AAAs.

4008.10 AAA POLICY AND PROCEDURES CONCERNING CERTIFICATION OF CASE MANAGERS

(a) The AAAs shall make determinations regarding case management certification based on the following:

- (1) the applicant's resume and college transcript.
- (2) information and documentation contained in the certification request sent by the AAA to **FSSA DA**.
- (3) collateral information submitted at the discretion of the AAA or entity.

¹ Changed 4/10/06

(b) The AAA reviews the material and a decision is made based upon the submitted documentation. The decision is sent to the candidate with a copy to the **FSSA DA**. The AAA maintains the submitted documentation. Candidates are informed of the appeals process. The original of the certification is submitted to the Medicaid fiscal agent for enrollment.

(c) Copies of case manager certification for all programs should be submitted to:

Division of Aging
P.O. Box 7083
Provider Specialist, Medicaid Waiver Unit
Indianapolis, Indiana 46207-7083

4008.11 AAA POLICY AND PROCEDURES CONCERNING DE-CERTIFICATION OF CASE MANAGERS

To keep records at the **FSSA DA** and the Electronic Data Systems (EDS) current, the AAA shall take the following actions when a case manager leaves employment with an AAA or with an independent case management agency:

(1) The AAA representative who is authorized to certify case managers shall write a short memo on agency letterhead explaining that the case manager is being de-certified and requesting that this case manager's number be terminated.

(2) The memo shall include:

- (A) the case manager's name;
- (B) the case manager's 9-digit waiver provider number;
- (C) the case manager's last date of employment;
- (D) the agency's name;
- (E) the agency's address; and
- (F) the agency's 9-digit waiver provider number.

(3) The original and one copy of the memo should be sent to:

MS 21
Provider Relations Specialist
Division of Aging
P.O. Box 7083
Indianapolis, Ind. 46207-7083

(4) A copy of the memo should be retained in the case manager's file at the AAA. Records should be maintained a minimum of three years after a case manager is de-certified, in case of future audits.

4008.12 INFORMATION CONCERNING AN OLDER ADULT OR A PERSON WITH A DISABILITY

A provider of case management services shall have the following information about an older adult or person with a disability receiving case management services from the provider:

- (1) The wants and needs of the individual, including the health, safety, behavioral needs and wishes for self-directed care of an individual.
- (2) The array of services available to an individual.
- (3) The availability of funding for an individual.

4008.13 UNIT OF SERVICE

A unit of case management service equals one-fourth hour (15 minutes) of allowable activities.

4009 CONTINUING EDUCATION SERVICES

(a) Continuing Education Services is the compilation and distribution of information on institutions of higher education within each PSA concerning courses of study offered to older adults and the policies related to fees charged to older adults.

(b) Continuing education information shall be made available to older adults at focal points, senior centers, congregate nutrition sites, and other appropriate locations.

4009.1 FUNDING SOURCES FOR CONTINUING EDUCATION SERVICES

Funding sources are Title III, Older Hoosier Funds, and local funds.

4009.2 THE FSSA DA POLICY AND PROCEDURES REGARDING CONTINUING EDUCATION SERVICES

The **FSSA DA** shall require the AAAs within the PSAs to compile available information on institutions of higher education concerning courses of study offered to older adults and the policies related to fees charged to older adults. The **FSSA DA** shall:

- (1) provide for continuing education planning in the "Goals and Objectives" section of the area plan;
- (2) review completed area plans for evidence that planning for the compilation of the Continuing Education information has been completed; and
- (3) monitor each AAA to assure that the continuing education information has been compiled and distributed appropriately.

4009.3 THE AAA POLICY AND PROCEDURES REGARDING CONTINUING EDUCATION SERVICES

(a) Each AAA shall compile information on available continuing education opportunities at institutions of higher education within their respective PSAs.

(b) The AAA will compile information, which will include the following:

- (1) the courses of study offered to older adults by those institutions;
- (2) the policies of those institutions with respect to the enrollment of older adults with little or no payment of tuition on a space available basis or on another special basis; and
- (3) other information that is appropriate.

(c) Based on the results of the compilation, each AAA shall summarize the information and make it available to older adults at focal points, senior centers, meal sites, and other appropriate places.¹

¹ Older Americans Act, 306(a)(6)(O)(ii)

4010 DISEASE PREVENTION AND HEALTH PROMOTION SERVICES

(a) Disease Prevention and Health Promotion Services provide information and support to older individuals with the intent to assist them in avoiding illness and improving health status.¹

(b) Services are provided at multipurpose senior community centers, congregate meal sites, home-delivered meals programs, senior high-rises, retirement communities or other appropriate sites.²

4010.1 TARGET POPULATION

Persons over age 60 who are medically underserved or who have the greatest economic need for such services.³

4010.2 FUNDING SOURCES

Disease Prevention and Health Promotion Services are funded through the Older Americans Act.

4010.3 ALLOWABLE DISEASE PREVENTION AND HEALTH PROMOTION SERVICES ACTIVITIES

Allowable activities include:

health screening programs;

physical fitness programs;

exercise classes;

nutrition education programs; and

informational programs on diagnosis, prevention, treatment, rehabilitation of age-related diseases and chronic conditions; and medication management programs.

4010.4 UNIT OF SERVICE

A unit of service equals one hour of allowable activity.

¹ Added 4/10/06

² Older Americans Act, Section 361(a)

³ Older Americans Act, Section 361(b)

4011 FAMILY CAREGIVER SUPPORT PROGRAM

The Family Caregiver Support Program provides multi-faceted systems of support services for family caregivers, including access information; assistance; individual counseling, support groups and training; respite; and supplemental services.

4011.1 FUNDING SOURCES FOR THE FAMILY CAREGIVER SUPPORT PROGRAM

(a) The funding source for the Family Caregiver Support Program is Title III-E of the Older Americans Act (OAA).¹

(b) No more than 10% of Title III-E expenditures can be used for supportive services to relative caregivers (grandparents age 60 or older and relatives age 60 or older) of children age 18 or younger.²

(c) No more than 20% of Title III-E may be used for supplemental services.

4011.2 POPULATIONS SERVED BY THE FAMILY CAREGIVER SUPPORT PROGRAM

(a) Populations served by the Family Caregiver Support Program include adult family caregivers, or another individual who is an informal provider of in-home and community care for the following older adults:

- (1) The care recipient defined as an older adult, 60 years of age and older; and
- (2) The care recipient defined as an adult, 60 years of age or older, has two or more activities of daily living (ADL) limitations; or a cognitive impairment; or functional dependency for the caregiver, to be eligible for respite or supplemental services.

(b) Populations served include grandparents or step-grandparents, 60 years or older (or relative caregivers by blood or marriage) of children 18 years and younger who:

- (1) live with the child;
- (2) are the primary caregivers of the child because biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; or
- (3) have a legal relationship to the child, such legal custody or guardianship, or are raising the child informally.

(c) Priority for services shall be given to older adults with greatest social and economic need (with particular attention to low-income older adults and older adults providing care and support to persons with mental retardation and related developmental disabilities (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act, 42 USC 6001).

¹ Older Americans Act, Section 303 (e) (1) and (2)

² Older Americans Act, Section 304 (d) (1) (A)

(d) Per the Administration on Aging, Title III-E permits payments to older adults, age 60 years and older, who are caring for children 18 years and younger, for support services that include the following:

4011.3 ACCESS ASSISTANCE

This service assists caregivers in obtaining access to the services and resources that are available within their communities.

4011.4 INFORMATION FOR CAREGIVERS

This is a service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.

4011.5 COUNSELING

Counseling is provided to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (for individual caregivers and families).

4011.6 RESPITE

Respite services offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite care includes the following:

- (1) in-home respite; (personal care, homemaker, and other in-home respite);
- (2) respite provided by attendance of the care recipient at a senior center or other non-residential program; and
- (3) institutional respite provided by placing the resident in an institutional setting such as a nursing home for a short period of time as a respite service for the caregiver or, (for grandparents caring for the children,) summer camps.¹

4011.7 SUPPLEMENTAL SERVICES

(a) These services are provided on a limited basis to complement the care provided by caregivers.

(b) Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

¹ Older Americans Act, Section 373(a) (1) through (5)

(c) Supplemental services are meant to be flexible enhancements to caregiver support programs and are for the benefit of caregivers.

4011.8 The FSSA DA POLICY REGARDING THE FAMILY CAREGIVER SUPPORT PROGRAM

The **FSSA DA** shall develop and coordinate a statewide Family Caregiver Support Program that will be administered through the 16 AAAs.

4011.9 THE FSSA DA PROCEDURES REGARDING THE FAMILY CAREGIVER SUPPORT PROGRAM

(a) The **FSSA DA** shall grant funds to each AAA for the Family Caregiver Support Program as part of the Area Plan.

(b) The **FSSA DA** shall collect information from the AAA's data records, including information on program services, in a standardized format relating to the Family Caregiver Support Program.

(c) Data will be furnished to the AoA who will monitor program compliance and evaluate and compare the effectiveness of the state program.

(d) The **FSSA DA** shall provide guidance and technical assistance to the AAAs.

(e) The **FSSA DA** shall establish procedures for fiscal and programmatic reporting.

4011.10 AAA POLICY AND PROCEDURES REGARDING THE FAMILY CAREGIVER SUPPORT PROGRAM

(a) The AAA shall maintain and publicize the Family Caregiver Support Program to ensure that caregivers have ~~to~~ access to quality information and support services.

(b) The AAA shall update the Family Caregiver Support Program Section of the Area Plan with measurable goals and objectives.

(c) The AAA may place a cap on the amount of National Family Caregiver Support Program respite dollars used per year.

4011.11 REPORTS

(a) The AAA will submit quarterly data collection reports to the **FSSA DA** on the approved form, in a timely manner during the program year.

CHART 8 FAMILY CAREGIVER - REPORT DUE DATES

Family Caregiver- Report Due Dates
October 30th (first quarter - July 1- September 30)
January 30th (second quarter - October 1 - December 31)
April 30th (third quarter - January 1 - March 31)
July 30th (fourth quarter- April 1 - June 30)¹

(b) The AAA will submit to the **FSSA DA** by September 1, the beginning of the annual National Family Caregiver Month, a report on scheduled activities and plans for the November National Family Caregiver Month.

(c) The AAA will submit annual updates to the **FSSA DA** Best Practices of the Indiana's Family Caregiver Support Program. The reporting period for the Best Practices update is October 1 to September 30.

(d) The updated Best Practices document will be released annually in November in conjunction with National Family Caregiver Month.

4011.12 UNIT OF SERVICE

Service units include the following:

(1) Information services – (1 Activity)

A service for caregivers that provides the individuals with current information on resources and services available to the individuals within their communities.

(Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities).

(2) Access assistance- (1 contact)

A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures **(Note: Information and assistance to caregivers is an access service, i.e. a service that: A) provides individuals with information on services available within the communities; B) links individuals to the services and opportunities that are available within the communities; C) to the maximum extent practicable, establishes follow-up procedures. Internet website “hits” are to be counted only if information is requested and supplied).**

¹ Changed 5/13/05

(3) Counseling - (1 session)

Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training **of individual caregivers and families.**

(4) Respite - (1 hour)

Services which offer temporary, substitute supports or living arrangements for **care recipients** in order to provide a brief period of relief or rest for caregivers. **(Respite Care includes: 1) In-home respite (personal care, homemaker and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service for the caregiver, and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.**

(5) Supplemental services (Services provided on a limited basis to complement the care provided by caregivers. **Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems and incontinence supplies.**

4012 HOME HEALTH SERVICES

Home health services and supplies include all health monitoring activities performed in the home, supervision of medication, and dressing changes.

4012.1 ALLOWABLE HOME HEALTH SERVICES

Allowable Services and Supplies include:

- (1) bath assistance;
- (2) foot care;
- (3) home health aide services;
- (4) medication set up;
- (5) occupational therapy;
- (6) physical therapy;
- (7) private duty nursing;
- (8) skilled nursing; and
- (9) speech therapy.

4012.2 HOME HEALTH SERVICES NOT ALLOWED

Services other than those listed above are not allowable under home health services and supplies.

4012.3 FUNDING SOURCES FOR HOME HEALTH SERVICES

Funding sources for home health services and supplies are Title III, SSBG, and CHOICE.

4012.4 THE FSSA DA POLICY AND PROCEDURES REGARDING HOME HEALTH SERVICES

The FSSA DA shall monitor and assess AAAs on the provision of Home Health Services.¹

¹ Changed 5/13/05

4012.5 AAA POLICY AND PROCEDURES CONCERNING HOME HEALTH SERVICES

The case manager shall determine client eligibility and shall refer clients to a certified service provider, negotiate rates and agreements, and institute quality assurance methods and reviews regarding home health services. The AAA shall monitor and assess service providers on the provision of Home Health Services.¹

4012.6 SERVICE PROVIDER RESPONSIBILITIES CONCERNING HOME HEALTH SERVICES

Each service provider must meet all applicable federal, state, county, and local requirements.

4012.7 UNIT OF SERVICE

A unit of service equals one hour of allowable activity.

¹ Changed 5/13/05

4013 HOMEMAKER SERVICES

Homemaker services offer direct and practical assistance with household tasks and related activities. Homemaker services assist the older adult or person with disabilities who has experienced a loss in the ability to perform the instrumental activities of daily living to remain in a clean, safe, healthy home environment. Homemaker services are provided when the client is unable to meet these needs or when an informal caregiver is unable to meet these needs for the client.

4013.1 ALLOWABLE HOMEMAKER SERVICES

(a) Homemaker services provides for housekeeping tasks which may include:

- (1) dusting and straightening furniture;
- (2) cleaning floors and rugs by wet/dry mop and vacuum sweeping;
- (3) cleaning the kitchen, including washing dishes, pots, and pans; cleaning the outside of appliances and counters and cupboards; cleaning ovens and defrosting and cleaning refrigerators;
- (4) maintaining a clean bathroom, including cleaning the tub, shower, sink, toilet bowl, and medicine cabinet; emptying and cleaning commode chair/urinal;
- (5) laundering clothes in the home or Laundromat, including washing, drying, folding, putting away, ironing, and basic mending and repair;
- (6) changing linen and making beds;
- (7) washing insides of windows;
- (8) removing trash from the home;
- (9) choosing appropriate procedures, equipment, and supplies; improvising when there are limited supplies, keeping equipment clean and in its proper place; and
- (10) yard clean up, including lawn mowing, raking, and snow removal.

(A) Homemaker services may provide assistance with meals/nutrition that may include:

- (i) shopping, including planning and putting food away; and
- (ii) Making meals, including special diets under the supervision of a registered dietitian or health professional.

(b) Homemaker services may include completing the following essential chores or

errands:

- (1) grocery shopping;
- (2) household supply shopping;
- (3) prescription pick up;
- (4) food stamp pick up; and
- (5) assistance with correspondence and bill paying.

4013.2 ACTIVITIES NOT ALLOWED

(a) Services requiring hands-on personal care or any activity that must be provided by a licensed health professional care service are not allowed.

(b) Homemaker services that benefit household members only.

4013.3 FUNDING SOURCES FOR HOMEMAKER SERVICES

Funding sources are Title III, SSBG, CHOICE, Older Hoosier Funds, and other local funds.

4013.4 THE FSSA DA POLICY AND PROCEDURES REGARDING HOMEMAKER SERVICES

The FSSA DA shall monitor and assess AAAs on the provision of Homemaker Services.

4013.5 AAA POLICY AND PROCEDURES CONCERNING HOMEMAKER SERVICES

The AAA shall determine client eligibility for Homemaker Services and make referrals to a service provider. The AAA shall monitor and assess service providers on the provision of homemaker services.

4013.6 SERVICE PROVIDER RESPONSIBILITIES CONCERNING HOMEMAKER SERVICES

The service provider shall agree to provide homemaker services as required by the FSSA DA. The service provider shall handle billing directly through the fiscal agent.

4013.7 UNIT OF SERVICE

A unit of homemaker service equals one hour of allowable activity.

4014 HOME REPAIR/MAINTENANCE SERVICES

- (a) Home Repair/Maintenance and minor home repair services are planned and monitored maintenance and minor repair activities essential to health and safety.
- (b) Home Repair may be made to an owner or renter occupied single-family dwelling. The intent of the service shall be to make the dwelling habitable and shall not be done to improve the appearance of the property.
- (c) Service activities shall be performed in order of priority. Conditions that are life threatening and/or pose a health or safety hazard to the older adult or person with disabilities will be allowed.

4014.1 ALLOWABLE HOME REPAIR/MAINTENANCE ACTIVITIES

- (a) The Home Repair and Maintenance Services program dollars shall be used only for repairs that directly correct and/or prevent health and/or safety hazards.
- (b) Home Repair/Maintenance and minor home repair activities may include:
 - (1) plumbing, heating, and electrical malfunction repair or replacement;
 - (2) storm door, window, and screen repairs;
 - (3) gutter and roof patching;
 - (4) heavy cleaning; and
 - (5) broken step repairs.
- (c) Health and safety alterations may include installation of:
 - (1) handrails;
 - (2) ramps;
 - (3) deadbolts;
 - (4) fire extinguisher;
 - (5) smoke detectors;
 - (6) locks; and
 - (7) window bars.
- (d) Ground maintenance services may include limited lawn mowing, snow removal, and minimal hard cleanup to assure safe entrance and departure from the premises.
- (e) Time spent in assessing the job, obtaining the supplies, performing planned

activities, and cleaning up.
(f) Travel time between work sites.

4014.2 ACTIVITIES NOT ALLOWED

Service providers will not be paid for such activities as:

- (1) billing for more than the actual time of each staff person delivering services, even when more than one client is simultaneously benefiting from the service; and
- (2) billing for home repair services which cannot be documented as avoiding a clear and present health/safety hazard. Services may not be provided for aesthetic purposes only.

4014.3 FUNDING SOURCES FOR HOME REPAIR/MAINTENANCE SERVICES

Home Repair/Maintenance Services are available through Title III, CHOICE, SSBG, Older Hoosier Funds, and local funds.

4014.4 THE FSSA DA POLICY AND PROCEDURES REGARDING HOME REPAIR /MAINTENANCE SERVICES

The FSSA DA shall periodically monitor and assess the AAA Home Repair/Maintenance Services program and fiscal management. The FSSA DA shall refer home repair requests for older adults and persons with disabilities to the appropriate AAA.

4014.5 AAA POLICY AND PROCEDURES REGARDING HOME REPAIR/MAINTENANCE SERVICES

(a) If the Home Repair/Maintenance Services program is determined to be a viable program at the AAA level, the AAA shall contract a service provider to make available the appropriate Home Repair/Maintenance Services to any eligible older adult or person with disabilities living within the PSA.

(b) The AAA shall determine client eligibility for Home Repair/Maintenance Services and refer the client to a service provider.

4014.6 SERVICE PROVIDER RESPONSIBILITIES CONCERNING HOME REPAIR /MAINTENANCE SERVICES

Each service provider must meet all applicable federal, state, and county requirements.

4014.7 UNIT OF SERVICE

A unit of service equals one hour of allowable activity.

4015 INDIANA PRE- ADMISSION SCREENING PROGRAM (IPAS)

(a) The primary purpose of the IPAS program is to have an assessment process to determine an individual's needs in order to prevent the premature or unnecessary placement of an individual in a nursing facility (NF) if the individual's needs can be more appropriately met through the provision of home and community-based services.

(b) Pre-Admission screening is required for every applicant, regardless of age, income, or resources, seeking admission to a NF in Indiana. IPAS provides an opportunity for the supervision of long term care services in a location that is conducive to the physical and the psychological well-being of the individual while also functioning as an effective mechanism of health care cost containment.

(c) The objectives of the IPAS program are as follows:

(1) to identify older adults or persons with disabilities who are at risk of institutionalization and meet the state's criteria for NF placement;

(2) to provide a comprehensive assessment of an individual's needs;

(3) to ascertain if alternative services are available in the community that would be more appropriate than care in a NF at not more than the cost of placement in a NF; and

(4) to deny permission to enter a NF when the above criteria are not met. However, the individual may elect to enter a NF if the individual:

(A) is willing to forego eligibility for Medicaid reimbursement for NF per diem costs for a period of up to 1 year from the date of admission to a NF; and

(B) has not triggered a Level II Screen.

4015.1 FUNDING FOR INDIANA'S PRE-ADMISSION SCREENING PROGRAM

Pre-Admission Screening is 100% funded by the State of Indiana except:

(1) when reimbursement is provided for Medicaid and/or PASRR recipients through the Medicaid Program; and

(2) when no other federal funding source (such as SSBG) is available. In 1989, an additional step was added to the Pre-Admission Screening process to identify individuals with a mental illness (MI) or mental retardation/ developmental disability (MR/DD) condition. This step is known as the Pre-Admission Screening/ Resident Review (PASRR). Although IPAS is interrelated and coordinated with PASRR, the two are separate programs. PASRR is a federally funded program and works with the State IPAS program.

4015.2 ELIGIBILITY REQUIREMENTS FOR INDIANA'S PRE-ADMISSION SCREENING PROGRAM

Every person seeking admittance to an Indiana NF is eligible and must participate in the IPAS program. There is no cost to the individual for IPAS services.

4015.3 THE FSSA DA POLICY AND PROCEDURES REGARDING INDIANA'S PRE-ADMISSION SCREENING PROGRAM

The **FSSA DA** shall administer the IPAS program by notifying IPAS agencies of changes regarding state laws and rules, issuing directives concerning the IPAS process, and acting to correct any IPAS processing problems encountered by the IPAS agencies.

4015.4 AAA DUTIES REGARDING INDIANA'S PRE-ADMISSION SCREENING PROGRAM

(a) The **FSSA DA** has designated the 16 AAAs as the IPAS agencies responsible for administering the IPAS program in Indiana.

(b) As an IPAS agency, the AAA shall do the following:

- (1) seek cooperation from other public and private agencies in the community which offer services to older adults and persons with disabilities;
- (2) provide information and education to the general public regarding availability of the IPAS program;
- (3) accept IPAS referrals from individuals, families, human service professionals, and health facility personnel;
- (4) assess health and psychosocial needs of referred individuals and identify services needed to maintain the individuals in the least restrictive environment;
- (5) identify available non-institutional services to meet the care needs of older adults and persons with disabilities who have been referred;
- (6) compute the cost effectiveness of non-institutional care versus NF services;
- (7) upon receipt of a completed application, schedule the IPAS activities to be completed within the designated time;
- (8) determine the composition of the IPAS screening team;
- (9) appoint the individual's physician to the IPAS screening team at the time of each assessment. In the event that the individual is unable to specify an attending physician, the IPAS agency may assist the individual in locating a physician who shall be named as a member of the IPAS screening team¹; and

¹ Indiana Administrative Code, 460 IAC 1-1-7

(10) subject to approval by **DDRS**, authorize Indiana hospital discharge planners who may act as IPAS designees to authorize certain temporary NF admissions.

4015.5 AAA PROCEDURES CONCERNING INDIANA'S PRE-ADMISSION SCREENING PROGRAM

The AAA, serving as the IPAS agency, will provide the following:

- (1) an assessment of needs to applicants who are, at the time of evaluation, inpatients in hospitals located in counties included in the PSA served by the AAA;
- (2) an assessment of needs to applicants who have been admitted, under PAS assessor approval, to a NF located in a county included in the PSA served by the AAA;
- (3) an IPAS manager, employed by the AAA, who has a thorough understanding of the objectives, policy, and procedures of the IPAS program and services and can function effectively in a leadership position with the IPAS team. The IPAS area manager shall ensure the accomplishment of the IPAS process by providing necessary direction and technical assistance; and
- (4) an IPAS assessor, employed by the AAA, who has demonstrated competence in the activities associated with personal care assessment of functionally impaired individuals and care plan development.

4015.6 IPAS FINAL DETERMINATION

Final determination of appropriateness for NF admission is based on a review of completed IPAS case documentation and the application of the Medicaid criteria for need for NF level of services. The IPAS agency makes the final determination for private pay only applicants. Medicaid eligibility determinations and those cases that the IPAS agency cannot decide are submitted to OMPP for final determination. PASRR cases are referred to the State PASRR unit with a team recommendation. The IPAS only final determination is issued on State Form 707 Form 4B.

4015.7 APPEALS AND FAIR HEARINGS

Individuals who receive an adverse decision may appeal and request a fair hearing. Under Indiana law, all IPAS appeals are processed through the Medicaid appeals system.

4016 INFORMATION AND ASSISTANCE SERVICES (I&A)

CHART 9

Older Americans Act, 321 (a)(3) ...services designed to encourage and assist older individuals to use facilities and services (including information and assistance services) available to them, including language translation services to assist older individuals with limited-English speaking ability to obtain services under this title.¹

45 CFR 1321.53(b) (1) a comprehensive and coordinated community based system described in paragraph (a) of this section shall: Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue...

(a) Information and Assistance (I&A) Services shall ensure access, outreach linkage, and follow-up procedures for older adults and persons with disabilities and other interested persons to all available benefits and services including the following:

- (1) all public/private financial benefits;
- (2) housing;
- (3) transportation;
- (4) nutrition;
- (5) Protective Services;
- (6) In-Home Services/Case Management;
- (7) Community/Social Services;
- (8) Legal Services;
- (9) Health Related Issues;
- (10) Long Term Care; and
- (11) Education and Training.

(b) Particular emphasis on linking all available services must be given to isolated older persons and older persons with Alzheimer's Disease or Related Disorders (AD/RSD), and to older adults² with the greatest economic/social need, particularly low-income minority older adults, older adults residing in rural areas, and older adults with limited English-speaking ability.

¹ Added 4/10/06

² Revised 5/13/05

4016.1 ALLOWABLE INFORMATION AND ASSISTANCE SERVICES ACTIVITIES

Allowable Information and Assistance Services include:

- (1) providing answers to questions and/or data about available services, their location, and service eligibility requirements;
- (2) assisting a client to receive a needed service, either by making a contact with a client or by providing clients with information regarding the location of a service provider; and
- (3) follow-up contacts (as needed in special cases) made with a client or a service provider to determine if the needed service was provided or what additional services may still be needed.

4016.2 FUNDING SOURCES FOR INFORMATION AND ASSISTANCE SERVICES

Funding sources include:

- (1) Title III;
- (2) Older Hoosier Funds;
- (3) SSBG; and
- (4) Local Funds.

4016.3 THE FSSA DA POLICY AND PROCEDURES REGARDING INFORMATION AND ASSISTANCE SERVICES

- (a) The **FSSA DA** shall establish and maintain a statewide coordinated I&A services system that is available to all older adults, persons with disabilities, and interested persons.
- (b) This system will comprise both the state and AAA I&A service programs which shall be coordinated with other appropriate agencies and organizations.
- (c) The **FSSA DA** shall:
 - (1) refer I&A requests from older adults and persons with disabilities whenever possible to the appropriate AAA;
 - (2) coordinate the I&A system with those of other state government divisions and agencies in order to develop a comprehensive and coordinated I&A system throughout Indiana;
 - (3) require each AAA to develop, maintain, and publicize an I&A system that is available to all older adults in the PSA;

- (4) monitor and assess each AAA's I&A system for both program and fiscal management on a periodic basis; and
- (5) the program consultant shall provide a written summary report of the monitoring visit within 60 days from the date of the visit.

(A) A monitoring summary report shall be produced and shall also include:

- (1) a letter to AAA, or other written report detailing findings and corrective actions;
- (2) copies of letter to staff supervisor and Division of Aging director; and others as instructed or necessary;
- (3) text and sections which contain footnotes as appropriate and necessary to completely credit and maintain integrity in written information. The report should furthermore contain a description of the deficiencies and should recommend corrective actions which are linked to and /or based on state and federal regulatory and legal policies, established sound business practices, and in conformity with the AAA's performances based contract system; and, other necessary feedback as determined by **FSSA DA**. Suggestions may be included as well;
- (4) may create a summary table with salient review elements linked to program areas with outcomes and timelines for correction and implementation; and
- (5) maintain information concerning referral and other services, such as state and federal agencies out of the realm of the AAA, available to all interested persons.

4016.4 AAA POLICY AND PROCEDURES REGARDING INFORMATION AND ASSISTANCE SERVICES

(a) The AAA shall maintain and publicize an I&A service program that links older adults and persons with disabilities to the appropriate provider of services.

(b) The AAA shall provide coordination of the I&A service program with other organizations in the PSA, other AAAs, and the **FSSA DA**. Each AAA shall ensure that the I&A program will:

- (1) be available to all older adults and persons with disabilities in each county of the PSA;
- (2) have toll free telephone and walk-in access;
- (3) have sufficient and qualified staff and/or volunteers to handle all procedures;

(4) compile and maintain a resource directory either electronically or as a hard copy which contains accurate and up-to-date information on services available, including provider names, addresses, telephone numbers, cost of the services, if appropriate, and the type of clients served;

(5) have bilingual service personnel in areas where there are concentrations of non-English speaking persons;

(6) have defined procedures for intake, record keeping, referral, and follow-up;

(7) conduct publicity and outreach activities that target those persons in greatest economic and/or social need, including low-income minority older adults;

(8) provide training for paid and volunteer staff designed to improve the quality and quantity of service; and

(9) provide 24 hour coverage that could include such measures as a back up phone number, answering machine, or area wide coordination with the 911 emergency system.

(c) The AAA shall have thirty days from the date of any program or fiscal monitoring or any other request for information or action, to prepare a response which shall describe specific actions linked to solutions to cited deficiencies and shall also acknowledge and respond to the recommended corrective actions and suggestions outlined by **FSSA DA**.

(d) The **FSSA DA** maintains the discretion to impose additional corrective measures, including sanctions and/or penalties for late reports; up to and including with holding of payment or claims reimbursements until such corrective actions have been met and sound functioning is restored, or the matter has been officially closed.

4016.5 UNIT OF SERVICE

A single unit of service equals the following:

(1) One call received from a client;

(2) One call made on behalf of a client;

(3) One mailing, e-mail, fax, or delivery per *specific* address;

(4) One contact at an organized event; (i.e. Health Fairs, Conferences); and

(5) a speaking engagement would equal 1 unit per person present during the speaking engagement. Example – 40 people present would equal 40 units of service.

4017 LEGAL ASSISTANCE SERVICES

The legal assistance program provides individuals who are at least 60 years of age with help in dealing with legal issues and problems. The goal of the program is to assist older adults with understanding and maintaining their rights; to assist older adults in exercising their choices; to help older adults benefit from available services; and to resolve disputes. The program also promotes the need for lifetime planning through the understanding and the use of advance directives.

4017.1 ALLOWABLE LEGAL ASSISTANCE ACTIVITIES

(a) Allowable activities must include assistance in the areas of:

- (1) income
- (2) health care
- (3) long-term care
- (4) nutrition
- (5) housing
- (6) utilities
- (7) protective services
- (8) defense of guardianship
- (9) abuse
- (10) neglect
- (11) age discrimination

(b) Allowable activities may also include:

- (1) communicating with a governmental agency for the purpose of obtaining information, clarification, or interpretation of the agency's rules, regulations, practices, or policies;
- (2) informing a client about a new or proposed statute, executive order, or administrative regulation;
- (3) responding to a client's request for advice only with respect to the client's own communications to officials unless otherwise prohibited by the OAA, Title III regulations or other applicable law. This provision does not authorize publication of lobbying materials or training of individuals on lobbying techniques or the composition of a communication for the individual's use;

- (4) making direct contact with the AAA for any purpose;
- (5) providing a client with administrative representation in adjudicatory or rulemaking proceedings or negotiations, directly affecting that individual's legal rights in a particular case, claim or application;
- (6) communicating with an elected official for the sole purpose of bringing a client's legal problem to the attention of that official;
- (7) responding to the request of a public official or body for testimony, legal advice or other statements on legislation or other issues related to aging; provided that no such action will be taken without first obtaining the written approval of the responsible AAA; and
- (8) a legal assistance provider asking about the individual's financial circumstances as a part of the process of providing legal advice, counseling and representation, or for the purpose of identifying additional resources and benefits for which an older adult may be eligible.

(c) In addition, the AAA shall award funds to legal assistance provider(s) that shall:

- (1) have staff with expertise in specific areas of law affecting older adults in economic or social need, for example, public benefits, institutionalization and alternatives to institutionalization;
- (2) demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older adults with economic or social need;
- (3) demonstrate the capacity to provide support to other advocacy efforts, for example, the long-term care ombudsman program;
- (4) demonstrate the capacity to provide legal services to institutionalized, isolated, and homebound older adults effectively; and
- (5) demonstrate the capacity to provide legal assistance in the principal language spoken by individuals in areas where a significant number of clients do not speak English as their principal language.¹

4017.2 ACTIVITIES NOT ALLOWED

(a) Excluded activities include:

- (1) any requirement for an older adult to disclose information about income or resources as a condition for providing legal assistance;

¹ Code of Federal Regulations, 45 CFR 1321.71(c)

(2) legal representation in a fee generating case unless other adequate representation is unavailable or there is an emergency requiring immediate legal action. All providers shall establish procedures for the referral of fee generating cases;

(3) making OAA funds available to be used for lobbying activities, including but not limited to activities intended to influence any decision or activity by any non-judicial Federal, State or local individual or body;

(4) engaging in any political activity while performing legal assistance activities which are supported with Title III funding;

(5) contributions made by a provider, employee of the provider, or staff attorney from Older Americans Act funds, personnel or equipment to any political party or association or to the campaign of any candidate for public or party office; or for use in advocating or opposing any ballot measure, initiative, or referendum; and

(6) intentionally identifying the Title III program or provide, with any partisan or nonpartisan political activity, or with the campaign of any candidate for public or party office.¹

(b) While carrying out legal assistance activities and while using resources provided under Title III, no provider or its employees shall:

(1) participate in any public demonstration, picketing, boycott, or strike, except as permitted by law in connection with the employee's own employment situation;

(2) encourage, direct, or coerce others to engage in such activities; or

(3) at any time engage in or encourage others to engage in any illegal activity; or make any intentional identification of programs funded under the OAA or recipient with any political activity.²

4017.3 FUNDING SOURCES FOR LEGAL ASSISTANCE SERVICES

Funding sources include Title III Funds, Older Hoosier Funds, and local funds.

4017.4 THE FSSA DA POLICY AND PROCEDURES REGARDING LEGAL ASSISTANCE SERVICES

(a) The duties of a Legal Assistance Developer include;

(1) guiding the development and enhancement of legal assistance programs for older adults throughout the state;

¹ Code of Federal Regulations 45 CFR 1321.71(c)

² Code of Federal Regulations 45 CFR 1321.71(j)

- (2) coordinating the provision of legal assistance throughout the state;
- (3) providing technical assistance, training, and other supportive functions to AAAs, legal assistance providers, and other entities as appropriate; and
- (4) developing statewide standards for the delivery of legal assistance.

(b) The **FSSA DA** shall determine the minimum percentage of each AAA's Title III-B allotment that must be expended for legal assistance. When setting minimum percentages (3%), reasonable efforts will be made to maintain existing levels of funding.

(c) The **FSSA DA** shall review area plans to assure that dollars budgeted for Legal Services meet or exceed minimum (3%) required amounts.

(d) The **FSSA DA** shall monitor area plan implementation and expenditures.

(e) The **FSSA DA** shall identify vulnerable elder rights activities and coordinate those activities with other organizations, state agencies, and legal assistance providers.

(f) The **FSSA DA** shall develop working agreements with other state and federal agencies, departments, and other entities.

(g) The **FSSA DA** shall assure periodic assessments of the status of elder rights in the state.

4017.5 AAA POLICY AND PROCEDURES CONCERNING LEGAL ASSISTANCE SERVICES

(a) The AAA shall budget, at a minimum, the percentage of the Title III-B allocation designated by the **FSSA DA** for Legal Assistance Services making reasonable efforts to maintain existing levels of funding. (AAAs shall spend no less than 3% of the Title III-B allocation and shall not spend less on Legal Assistance Services than was spent in program year 2000.)¹

(b) The AAA shall maintain expenditure information in a clear manner consistent with generally accepted accounting principles, and shall provide information to **FSSA DA** immediately upon request.

(c) The AAA shall enter contractual agreements with providers of legal assistance who can demonstrate the experience or capacity to deliver legal assistance.

(d) The AAA shall assure that any provider selected is the entity best able to meet the following requirements:

- (1) Demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older adults with economic or social need and shall:

¹ Older Americans Act, Section 307 (a)(2)(C)

(2) Demonstrate the capacity to provide support to other advocacy efforts such as the ombudsman and the adult protective services programs;

(3) Demonstrate the capacity to provide services effectively to older adults and persons with disabilities and to older adults who are institutionalized, isolated, and homebound;

(4) Demonstrate the capacity to provide services in the principal language spoken by individuals of the area; and

(5) Assure that other legal activities will not be a conflict of interest or interfere with their professional contracted responsibilities.

(e) The AAA shall assure that older adults are not required to disclose information regarding resources or income as a condition for receiving legal assistance. The legal assistance provider may ask about a client's financial circumstances only as part of the process of providing services.

(f) The AAA shall not incur legal services expenditures unless there is a valid contract with a legal services provider.

(g) The **FSSA DA** reserves the right to monitor, at any time, the legal services contracts and activities of any AAA. The AAA shall promptly comply with such a review by providing **FSSA DA** with information, upon request.

(h) The AAA shall assure that the provider has a system for gathering and preparing information for reporting about legal issues and unmet needs for assistance, including benefits, services, exercising choice, maintaining rights, and solving disputes.

(i) The AAA shall assure that the provider collects and reports information about community education presentations.

(j) Fee generating cases will not be a covered service unless other adequate representation is not available and an emergency exists that requires immediate legal action.

(k) The AAA must assure that no legal assistance money will be made available to any political party, for any political campaign, or for advocating or opposing any ballot measure, initiative, or referendum.

(l) Pursuant to 45 CFR 1321.71, the AAA must assure that no funds will be used for:

(1) lobbying activities;

(2) public demonstrations, picketing, boycott, or strike, or encouragement of others to participate in such actions;

(3) any illegal activity;

(4) any intentional identification of any participant or program funded under the act with any political activity; or

(5) paying dues, to any organization, other than a bar association (may not exceed \$100 per year).¹

4017.6 SERVICE PROVIDER PROCEDURES

Each Legal Assistance Services provider shall do the following:

- (1) offer direct services provided by an attorney and/or non-lawyer advocate under the direct supervision of an attorney as permitted by state law.
- (2) administer a program designed to provide assistance to older adults with greatest social or economic need;
- (3) assure that the Legal Assistance Services provided will be in addition to any Legal Assistance Services for older adults being furnished with funds from sources other than Title III B; and
- (4) agree that all Legal Assistance Services provided are coordinated with legal services corporations and other agencies providing legal assistance in the community to avoid unnecessary duplication of services provided by other sources;
- (5) restrict activity to these allowable service components:
 - (A) intake;
 - (B) advice;
 - (C) counsel;
 - (D) representation;
 - (E) mediation/negotiation;
 - (F) outreach, community education;
 - (G) research;
 - (H) document preparation; and
 - (G) referral.
- (6) make referrals appropriately to other Legal Assistance Service providers in the PSA, pro bono or reduced fee attorneys for the delivery of legal assistance related to the priority service and issue areas and other services which cannot be delivered by the provider;

¹ Code of Federal Regulations, 45 CFR 1321.71(j) and (k)

(7) be responsible for identifying conflicts of interests and other interference with professional responsibilities under the act;

(8) with the consent of the older person, or his or her representative, bring conditions or circumstances that place the older adult, or the household of the older person, in imminent danger to the attention of appropriate officials for follow-up;

(9) Assist participants in taking advantage of benefits under other programs;

(10) work closely with the AAA on the development of the legal assistance section and other appropriate sections of the area plan;

(11) establish written procedures for:

(A) intake;

(B) accepting and denying cases;

(C) grievances and appeals;

(D) individual satisfaction or dissatisfaction with services;

(E) identifying conflicts of interest;

(F) referring cases with a conflict of interest;

(G) referring denied cases;

(H) referring fee generated cases;

(I) referrals to other agencies for nonlegal problems;

(J) protecting the integrity of the legal assistance program where other service(s) are housed in the same agency, e.g., Ombudsman;

(K) gathering and preparing information for reporting about legal issues and unmet needs for assistance, including benefits, services, exercising choice, maintaining rights, and solving disputes;

(L) individual contributions; and

(M) confidentiality.

4018 ENVIRONMENTAL MODIFICATIONS SERVICES

(a) Environmental Modifications Services are those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure that an older adult or person with disabilities, can function with greater independence in the home, have safe access to the home, and without which, the older adult or person with disabilities would require institutionalization. Environmental Modifications must have an adaptive purpose that specifically improves the older adult or person with disabilities ability to live independently.

(b) Environmental Modifications may be made to an owner or renter occupied single-family dwelling. The intent of the service shall be to make the dwelling habitable and shall **not** be completed to improve the appearance of the property.

(c) CHOICE still uses the term "Minor Home Modifications" to define this service under CHOICE guidelines. See *CHOICE Guidelines and Procedures—Attachment B – Definitions*.

4018.1 ALLOWABLE ENVIRONMENTAL MODIFICATIONS SERVICES

(a) Allowable Environmental Modifications include:

- (1) installation of ramps;
- (2) installation of porch or stair lifts (hydraulic, manual, or other electric lifts);
- (3) widening of doors;
- (4) hand railings;
- (5) automatic or manual door openers/door bells;
- (6) bathroom/kitchen modifications;
 - (A) roll-in showers;
 - (B) sinks;
 - (C) bath tubs;
 - (D) water faucet controls;
 - (E) plumbing (plumbing cut outs, toilet/sink adaptation);
 - (F) turn around space;
 - (G) work tables/work surfaces;
 - (H) cabinetry/shelving; and

(I) installation of grab bars/handrails -other than those approved under the Medicaid state plan for toilets, tubs or showers.

(7) Adaptations to ensure health and safety are:

(A) fire safety adaptations;

(B) voice activated, light activated, motion activated, and electrical devices;

(C) medically necessary air filtering devices;

(D) medically necessary heating/cooling adaptation;

(E) electrical wiring to accommodate other modifications or equipment installation;

(G) generators; and

(H) other necessary environmental modifications.

4018.2 ACTIVITIES NOT ALLOWED

(a) Excluded Environmental Modifications are adaptations or improvements to the home that is of general utility and not of direct medical or remedial benefit to the older adult or person with disabilities.

(b) Activities that are not allowed include:

(1) central air conditioning;

(2) roof repair;

(3) carpeting;

(4) repairs not included in the approved plan of care;

(5) repairs not approved;

(6) improvements and adaptations that exceed the lifetime cap allowed by the funding source; and

(7) Environmental Modifications completed solely for the convenience of the older adult or person with disabilities.

4018.3 FUNDING SOURCES FOR ENVIRONMENTAL MODIFICATIONS SERVICES

Funding sources include Choice under “Other Services” (See 4002 – Other Services Funded by CHOICE) Administered by the **FSSA DA**. CHOICE funding shall be utilized after all other possible payment sources have been identified and are being utilized – (CHOICE Guidelines and Procedures, Page 14, Revised June 1, 2001)

4018.4 THE FSSA DA POLICY AND PROCEDURES REGARDING ENVIRONMENTAL MODIFICATIONS SERVICES.

The **FSSA DA** is responsible for evaluating and approving requests for Environmental Modifications submitted by Case Manager Supervisors and/or the AAAs and requested through Title III, SSBG or CHOICE funding streams, for any service costing more than \$4,999.99.

4018.5 AAA AND CASE MANAGER POLICY AND PROCEDURES REGARDING ENVIRONMENTAL MODIFICATIONS SERVICES

(a) After a provider is selected through a competitive bid process, the AAA or Case Manager must complete a Request for Approval to Authorize Services form (RFA). The Case Manager must submit the RFA form to the **FSSA DA**, if the request is for more than \$4,999.99.¹ The form must show a description of the service being requested, why service is requested, what will be done, and cost of service.

(b) The AAA or Case Manager shall sign the RFA form only after the Service Provider has satisfactorily completed the job.

(c) Case Managers must also submit a *plan of care/cost comparison budget* for each client. The *plan of care/cost comparison budget* is a specific form that is required for all clients. It lists the services the individual should receive, the amounts of each service authorized, and the cost of the budget for that client, plus other pertinent information.

(d) Each AAA or Case Manager has the responsibility to arrange for the provision of individually needed services through local providers, including the arrangement of service agreements.

(e) Written price quotations must be obtained from at least 3 different providers, unless only one is possible and justified, if the Environmental Modifications service costs more than \$4,999.99.² The **FSSA DA** approval is required prior to authorization by the Case Manager Supervisor, if the Environmental Modifications service costs more than \$4999.99. The AAA or case Manager must obtain a physician’s order for environmental modifications costing more than \$4999.99, prior to including the service in the client’s plan of care.

¹ Taken out 5/13/05 - ‘If the request is for less than \$4,999.99, the AAA may approve any appropriate Environmental Modifications service.’

² Added 5/13/05

(f) The Service Provider may not provide the service until after receiving official notification of prior authorization. Each provider must meet all applicable federal, state, and county requirements.

4018.6 DOCUMENTATION STANDARDS

Environmental Modifications documentation must include:

- (1) documentation of time spent providing assessment and report with recommendations from assessment;
- (2) identified need in Plan of Care/Cost Comparison Budget (POC/CCB);
- (3) identified direct medical benefit for the client;
- (4) at least 3 bids for the service, or documentation explaining why 3 bids were not available;
- (5) a complete Request for Approval to Authorize Services form; and
- (6) documentation of completed and approved work.

4018.7 PROVIDER QUALIFICATIONS

(a) Each provider will meet all applicable state and county requirements for licensure or certification.

(b) All improvements and modifications are to be carried out in accordance with federal, state, and county, and city housing codes.

(c) Services must be in compliance with federal, state and local codes relative to the type of modification or assistive device.

(d) Provider requires working knowledge of ADA regulations as they apply to structural and individual safety.

(e) Bonding/liability insurance, if applicable.

(f) All Environmental Modification supports shall be warranted for at least 90 days. Workmanship must also be warranted for at least 90 days.

(g) Providers of a service, other than case management, may not perform the assessment, write the specifications, and/or inspect service that was provided.

(h) Required documentation from the provider includes:

- (1) The installation date of any adaptive aid or device, assistive technology, or other equipment.

(2) The maintenance date of any adaptive aid or device, assistive technology or other equipment.

(3) A change made to any adaptive aid or device, assistive technology, or other equipment, including any alteration, correction, or replacement.

4018.8 UNIT OF SERVICE

A unit of service equals:

(1) Initial Modification - one approved contract job; and

(2) Maintenance of Modification - one approved contract job.

4019 MONEY MANAGEMENT SERVICES PROGRAM

(a) The Money Management Program provides financial management assistance to low income older adults with few resources, who are unable to manage their financial affairs and are in need of assistance.

(b) The objectives of the Money Management Services Program are:

- (1) to develop and implement a statewide model of early intervention services as an alternative to guardianships for vulnerable lower income persons;
- (2) to promote independent living for low-income seniors who cannot manage their financial affairs, and don't have friends or family to assist them;
- (3) to expand the availability of the representative payee and bill payer services by operating a statewide Money Management Program; and
- (4) to provide a state coordinating agency with technical assistance from American Association of Retired Persons (AARP) so that it can effectively initiate, support and monitor a statewide network of local projects.

(c) The **FSSA DA** works in cooperation with the American Association of Retired Persons (AARP) to administer the statewide program.

(d) The program consists of:

- (1) a Representative Payee component; and
- (2) a Bill Payer component.

4019.1 ACTIVITIES OF THE MONEY MANAGEMENT PROGRAM

(a) The Money Management Program offers services to help low-income older adults and persons with disabilities with:

- (1) budgeting;
- (2) paying routine bills; and
- (3) keeping track of financial matters.

(b) All Money Management Program workers are volunteers. The volunteers receive special training and will develop an ongoing relationship with the person in need of assistance.

4019.2 REPRESENTATIVE PAYEE

A volunteer Representative Payee is an individual appointed as payee of federal benefit checks to represent a client who is unable to manage his/her own financial affairs. The appointed Representative Payee maintains control over the client's government benefits (excluding any other income the client may have) and the client's personal checking account, including the signing of checks.

4019.3 BILL PAYER

A volunteer Bill Payer assists a client who asks for or voluntarily accepts assistance with budgeting, paying bills, and check writing. Funds are set aside in a designated account for the designated amount needed to pay monthly bills. The dollar limits on the monthly account is to be written in a Bill Payer Client Service Agreement Form, which is signed by the volunteer and the client. The client shall retain control over the designated checking account.

4019.4 BILL PAYER MONITOR

The Bill Payer Monitor shall compare bill payer monthly reports to both bank statements and budgets. The Bill Payer Monitor shall notify the program coordinator promptly if any problems occur with the client's account. The Bill Payer Monitor shall maintain contact with the client at least once a year to ensure that bill payer services are adequate for the client's current situation.

4019.5 ACTIVITIES NOT ALLOWED

- (a) The volunteer Bill Payer Monitor does not sign the client's checks.
- (b) The Money Management Services Program volunteer shall not advise potential clients on what to do with funds over the \$30,000 asset limit, to make the client eligible for the Money Management Program or for any other reason.
- (c) No more the \$3,400 should be kept in the designated account to pay bills.
- (d) Under no circumstances should the Money Management volunteers or staff member of a sponsoring agency serve as a financial planner.

4019.6 MONEY MANAGEMENT SERVICES PROGRAM SAFEGUARDS

(a) Safeguards are designed to reduce liability for the local sponsoring agency. Safeguard practices to be built into the Money Management Program include the following:

- (1) regular monitoring of client's funds completed by the local sponsoring agency and the state coordinating agency (**FSSA DA**);

(2) monitoring of Bill Payers at the local level. Bill Payers complete a monthly report to record the financial activity in the client's designated account;

(3) supervision of volunteers by the local Program Coordinator;

(4) volunteers working in concert with the client's Case Manager; and

(5) screening and training of volunteers before they become Bill Payers or Representative Payees.

(b) State Agency (**FSSA DA**) reviews of the Representative Payee client's bank statements, using the **FSSA DA** monitoring tool. The **FSSA DA** monitoring tool is used to monitor errors such as, the check memo line incomplete, returned checks, check written to payee, no account activity for a month, overdrafts, bank service charges, and checks not being sent with the statement. The spreadsheet also indicates what kind of action the local coordinator should take to correct the error such as, counseling, training, or contact the bank. The spreadsheet also records the date the local coordinator took action to correct the problem.

(c) Information is given to the client's regarding the volunteer's role and limits.

4019.7 REPORTING

(a) The Local Sponsoring Agencies are required to submit an AARP semi-annual report to the AARP Foundation. The AARP semi-annual report, which documents average income of clients, date of last local advisory council meeting, and date of last in-service meeting, must be completed and submitted by the fifteenth day of July and again by the fifteenth day of January.

(b) The Local Sponsoring Agencies shall enter all updated client and volunteer information onto the AARP Foundation website by the last day of June and again by the last day of December.

4019.8 PROGRAM SIZE

Programs with 10 clients or less are required to obtain a minimum of 15 clients by December 31, 2004. Programs with 10 or more clients are required to obtain a minimum of 24 clients by December 31, 2004. By December 31, 2005, all programs will be required to have a minimum of 24 clients.

4019.9 INCOME AND LIQUID ASSETS

(a) Liquid Assets refers to assets that can easily be converted into cash within 90 days at a readily determined fair market price. Examples of Liquid Assets are:

(1) 90 Day CD;

(2) savings;

(3) stocks and bonds; and

(4) cash value life insurance.

(b) The dollar limit on “liquid assets” for clients in the Money Management Program is:

(1) for Bill Payer Clients: \$30,000; and

(2) for Representative Payee Clients: \$30,000

(c) Annual gross income means the annual rate of income received by an individual or family from the following sources:

(1) money (wages or salary);

(2) net income from non-farm self-employment;

(3) net income from self-employment;

(4) social security;

(5) dividends, interest (on savings or bonds), income from estates or trusts; net rental income, royalties;

(6) public assistance or welfare payments;

(7) pensions and annuities;

(9) unemployment compensation;

(10) worker’s compensation;

(11) alimony;

(12) child support; and/or

(13) veteran’s pension.

(d) For eligibility purposes, the dollar limit on income for clients in the Money Management Services Program is:

(1) for a single person - \$20,778; and

(2) for a couple: - \$29,402

4019.10 FUNDING SOURCES FOR THE MONEY MANAGEMENT SERVICES PROGRAM

The Money Management Services Program has no source of funding other than local funds and time given by volunteers. Within certain parameters, local agencies may use

volunteer time as an in-kind match contribution for federal funding.¹ Coordinators should check with the local agency for additional information.

4019.11 LOCAL SPONSOR ELIGIBILITY

(a) Local sponsors of the Money Management Services Program must be nonprofit organizations with experience in working with 1 or more of the client population groups and are located in an area where there is a documented need for service.

(b) Additionally, potential local sponsors must assess the need for a Money Management Program through a survey of local agencies. If the survey indicates a need for the program, then the organization is eligible to become a sponsor.

(c) Local agencies must have a minimum of 15 clients before establishing a program.

4019.12 RECOMMENDATIONS FOR ASSISTING CLIENTS ABOVE THE INCOME AND ASSET LIMITS

For clients who are above the income/assets limit and do not meet eligibility guidelines for the Money Management Program, the local Program Coordinator could use other community resources to meet the challenge of serving 'at risk' persons with higher income and assets.

4019.13 THE FSSA DA POLICY REGARDING THE MONEY MANAGEMENT SERVICES PROGRAM

The **FSSA DA** will develop, coordinate, and seek to enhance a statewide Money Management Services Program based on national sponsor guidelines implemented through local program sponsors.

4019.14 STATE ADVISORY COUNCIL

See Section **2019.4** - *Money Management Services Program Advisory Council*.

4019.15 AARP/NATIONAL SPONSOR PROCEDURES

AARP, as the national sponsor will do the following:

- (1) upon request, recruit volunteers from the AARP membership. If membership does not provide sufficient volunteers, AARP will do a recruitment mailing to people, suggested by the **FSSA DA**;

¹ Code of Federal Regulations, 45 CFR 74.51

- (2) provide technical assistance for program development and operation to the **FSSA DA** and, if asked by **DDRS**, to the local program sponsors;
- (3) provide insurance covering certain loss of funds that may result from activities of volunteer representative payees and bill payers, intentional or unintentional, to a maximum of \$10,000. (AARP will seek recovery of funds intentionally misappropriated);
- (4) provide guidelines for the monitoring of the financial activities of the volunteer representative payees and bill payers;
- (5) monitor the **FSSA DA**'s monitoring operation in order to be able to continue to provide insurance for the volunteers;
- (6) work jointly with the **FSSA DA** to evaluate program operation and effectiveness as indicated by:
 - (A) a periodic survey of all representative payees and bill payers;
 - (B) a joint survey of all local program coordinators;
 - (C) joint on site visits to local program sites; and
 - (D) independent evaluations conducted by the **FSSA DA**. (Results are shared with AARP.)

4019.16 THE FSSA DA PROCEDURES REGARDING THE MONEY MANAGEMENT SERVICES PROGRAM

The **FSSA DA** shall do the following:

- (1) be responsible for the overall operation of the Money Management Program. The **FSSA DA** will serve as a link between AARP, local sponsors, and all applicable agencies, including all regional and/or state offices of the Social Security Administration, Department of Veterans Affairs, Railroad Retirement Board, and the Office of Personnel Management;
- (2) attempt to establish local projects in areas of the state where a need for the program can be demonstrated;
- (3) recruit, hire, and supervise a state program coordinator and provide ongoing logistical support to facilitate the carrying out of his/her duties;
- (4) assist local agencies to recruit new clients to expand and maintain their programs;
- (5) establish a statewide money management program advisory council, are responsible for its staffing and ongoing operations, including recruitment, and convene the council at least quarterly;
- (6) recruit local sponsors in order to establish local projects in areas of the state

where there is a demonstrated need for the program;

(7) assist local sponsoring agencies to designate a local program coordinator;

(8) help each local sponsor to organize a local advisory council;

(9) assist the local sponsor in determining client eligibility criteria based on the needs within each project and the policies of the state program and AARP;

(10) provide orientation and training to local program volunteers in conjunction with local sponsors to the initial group of recruits; provide assistance to local program coordinators to ensure that all subsequent volunteers receive orientation and initial training and that in-service training is provided for all volunteers;

(11) assist the local sponsor in negotiations with local banks to provide no-cost or low cost banking services for the representative payee component of the program;

(12) maintain an accurate listing of all client/volunteer representative payee and bill payer matches for each local sponsor and share that listing and any changes or updates with AARP so that insurance for client funds can be provided by AARP;

(13) operate an AARP approved financial monitoring system for funds handled by representative payees; and

(14) provide monitoring, oversight, technical assistance, training, and other supportive functions to local program sponsors, coordinators, volunteers, and others in the network of services as appropriate.

4019.17 THE FSSA DA PROCEDURES REGARDING MONITORING OF THE MONEY MANAGEMENT SERVICES PROGRAM

(a) The **FSSA DA** program staff will monitor and provide the Local Sponsoring Agencies with a written document summarizing the findings and corrective actions needed to maintain program integrity, within sixty days of a monitoring visit.

(b) The Local Sponsoring Agency shall have thirty days from the date of any program or fiscal monitoring or any other request for information or action, to prepare a response which shall describe specific actions that shall be completed to correct deficiencies and shall acknowledge and respond to the recommended corrective actions and suggestions outlined by the **FSSA DA**.

4019.18 LOCAL SPONSOR RESPONSIBILITIES REGARDING MONEY MANAGEMENT SERVICES

Currently, responsibilities regarding Money Management Services were outlined in a Memorandum of Understanding (MOU) between **DDRS** and AARP, and a Letter of

Agreement (LOA) between DDRS and a sponsoring agency. **DDRS** may use a contract with a sponsoring agency even if the program is unfunded, o outline responsibilities regarding Money Management Services. Local program sponsors may continue to use MOU's and LOA's at the local level.

(1) Local program sponsors will do the following:

(A) adhere to program policies of the **FSSA DA** and AARP;

(B) organize and hold regular meetings with a local advisory council consisting of representatives of local agencies/ businesses which have close ties to potential money management program individuals. The local advisory council should meet at least twice a year;

(C) provide support for and oversight for all components of the local money management program to include the development of a program budget and responsibility for its funding;

(D) recruit, select, and supervise a program coordinator and provide ongoing technical and in-kind support to facilitate the carrying out of his/her duties. Immediately notify the **FSSA DA** of any change in that position;

(E) develop a bill payer monitoring system using the **FSSA DA/AARP** guidelines and implement that system after it has been approved by the **FSSA DA** and AARP;

(F) comply and respond to the state monitoring tool within 21 calendar days from the date it was received. If there are any problems meeting the deadline, local coordinators should contact the state coordinator at the **FSSA DA**;

(G) develop client eligibility criteria in coordination with the **FSSA DA** and AARP;

(H) develop and implement a client referral system that includes a plan to publicize the program locally;

(I) work cooperatively with the **FSSA DA** and AARP on the recruitment and screening of volunteers. Background checks of volunteers are strongly recommended;

(J) assure that all volunteers receive orientation and initial training;

(K) develop and implement in-service training programs for all volunteers;

(L) negotiate with a local bank to provide free banking services for the representative payee component of the program;

(M) coordinate with local social service agencies to provide support to the program and the individuals it serves;

- (N) serve as a link between the **FSSA DA** and all applicable local agencies, volunteers, and individuals;
- (O) work cooperatively with the **FSSA DA** to implement the financial monitoring of the representative payee and bill payer/client accounts, including notification to the **FSSA DA** of any new volunteer/client match in a timely manner;
- (P) enter all new volunteer and client information on the AARP web page;
- (Q) participate in periodic program evaluations by the **FSSA DA/AARP**;
- (R) submit completed semi-annual report data to the AARP website in a timely manner. If the local program has difficulty or technology issues, contact the state coordinator for assistance; and
- (S) promptly comply with all requirements from the **DDRS/FSSA DA** and AARP.

4020 LONG TERM CARE OMBUDSMAN

The Long-Term Care Ombudsman receives and attempts to resolve complaints made by or on behalf of individual residents in long term care facilities; provide information and referral about facility selection and quality of care; assists resident and family councils, and promote resident's needs and interests to the public and elected officials. Long term care facilities are defined as nursing home and facilities that provide housing with services.

4020.1 ALLOWABLE ACTIVITIES

(a) Complaint Investigation and Resolution The verification of a problem or concern by gathering facts from different sources and the efforts to resolve the issue through a variety of means, including negotiation, mediation, education, and referral.

(b) Training for Ombudsman Staff and/or Volunteers

Time spent attending required ombudsman training; assisting in the training of a new ombudsman trainee; or developing and delivering training to volunteers.

(c) Technical Assistance to and Supervision of Volunteers

Staff time devoted to developing volunteer programs, supporting volunteers, and providing informal assistance to volunteers.

(d) Trainings for Nursing Facility Staff (In-Services)

Presentations/trainings/programs that the ombudsman makes to nursing Facility staff on topics related to residents' right, quality care, laws and regulations or other issues concerning long-term care.

(e) Information and Consultation to Individuals

Community on a one-to-one basis concerning issues and questions related to long-term care. Assisting individuals and non-nursing facility staff by telephone, in writing, or in person.

(f) Consultations to Facilities

Providing information and technical assistance to facility staff, usually by telephone.

(g) Resident Visitation

Visits to residents that are not complaint-based or related to a request for assistance of information.

(h) Survey Participation

The involvement in a facility's survey or complaint investigation through:

- (1) the sharing of ombudsman information and concerns with Department of Health or HCFA surveyors related to an Indiana State Department of Health survey, HCFA survey, or Indiana State Department of Health complaint investigation, including the provision of written and verbal information;
- (2) attendance at a resident group interview; and
- (3) attendance at an exit conference.

(i) Outreach

Involvement in activities that serve to promote knowledge and understanding of the nature and availability of the ombudsman program/ and of issues related to Long-Term Care.

(j) Work with Residents and Family Councils

Attendance at resident or family council meetings and technical support provided to such councils.

(k) Community Education Programs

Presentations, programs, workshops, conferences, or trainings conducted by the ombudsman or in which the ombudsman is a speaker or organizer.

(l) Monitoring/Working on Laws, Regulations, Government Policies and Actions

Time spent tracking, reviewing, commenting on and facilitating public comment on laws, regulations, policies, and action to improve the health, welfare, safety, and rights of long-term care residents.

(m) Coordinate with Other Agencies

Working on committees with peers whose purpose will effect positive change to the State-wide Ombudsman Program or to provision of long term care.

(n) Emergencies

Assistance provided to residents of long-term care facilities during an emergency relocation or an emergency situation such as fire, tornado, or air conditioning/ heating failure/voluntary or involuntary closure of facilities.

(o) Documentation/Reporting

The maintenance of detailed, accurate records of complaint cases, program activities, and the preparation of required quarterly reports in a confidential manner.

(p) Education

Time spent attending conferences that enhance job-related knowledge.

(q) Travel

Time spent traveling to and from required ombudsman trainings and meetings.

(r) Equipment Purchase

Approval or denial of request to purchase of equipment.

4020.2 UNIT OF SERVICE

One hour of staff time spent performing allowable activities.

4021 OUTREACH SERVICES

CHART 10

45 CFR 1321.17(f)(8) Content of State Plan. The State agency will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.

Outreach Services identify older adults eligible for assistance under the OAA, Social Services Block Grant (SSBG), CHOICE, and any other public or private funding source and informs them of available assistance. Special emphasis shall be given to reaching older adults in greatest economic or social need with particular attention to low income minority individuals well as an annual evaluation of the effectiveness of outreach efforts that identify older adults and persons with disabilities who are eligible for services.

4021.1 ALLOWABLE OUTREACH SERVICES

Outreach services include all "search and find" activities initiated by a service provider in order to:

- (1) identify older adults with the greatest social and/or economic needs;
- (2) seek out and identify hard-to-reach individuals;
- (3) provide information about available services and benefits; or
- (4) inform individuals about how to access services and how to become recipients of services.

4021.2 FUNDING SOURCES FOR OUTREACH SERVICES

Outreach services funding sources include Title III, Older Hoosier Funds, and local funds.

4021.3 THE FSSA DA POLICY AND PROCEDURES REGARDING OUTREACH SERVICES

(a) **FSSA DA** shall assure the provision of outreach services that identify older adults eligible for services under various funding sources and informs them of services available.

(b) The **FSSA DA** shall require AAAs to provide outreach services and shall:

- (1) provide for outreach planning in the area plan format;

(2) review area plans for the inclusion of outreach services and specific methods and objectives used to reach individuals with the greatest economic or social need, (with particular attention given to low income minority individuals living in rural areas, or those with severe disabilities, limited English speaking ability, or Alzheimer's disease and related disorders; and

(3) monitor each AAA's outreach service, both for program and fiscal management, on a periodic basis.

4021.4 AAA POLICY AND PROCEDURES CONCERNING OUTREACH SERVICES

(a) Each AAA shall arrange for the provision of area wide outreach services that identifies older adults and persons with disabilities in need of assistance, informs them of the availability of assistance, and where assistance can be obtained. Special emphasis shall be given to reaching older adults in greatest economic or social need with particular attention given to low income minority individuals or those living in rural areas, individuals with severe disabilities, limited English speaking ability, and Alzheimer's disease and related disorders.

(b) The AAAs shall complete an annual evaluation of the effectiveness of outreach efforts that identify older adults and persons with disabilities who are eligible for services.

(c) Each AAA shall:

(1) write specific objectives for outreach services especially for those older adults with the greatest economic or social need, with particular emphasis on low income minority older adults and persons with disabilities, and submit these objectives along with projected outreach activities and expenditures, in the agency's area plan;

(2) provide an annual evaluation of the effectiveness of outreach services, especially concerning the effectiveness of reaching older adults and persons with disabilities who are the following:

(A) reside in rural areas;

(B) have the greatest economic and greatest social need (with particular attention to low income minority older adults);

(C) have severe disabilities;

(D) have limited English speaking ability; and

(E) have Alzheimer's disease or related disorders that are living throughout the PSA.

4021.5 UNIT OF SERVICE

One unit of service is defined as one contact in person or by telephone.

4022 PERSONAL ASSISTANCE SERVICES (FUNDED BY MEDICAID WAIVER ONLY)

For further information, please refer to Medicaid Waiver **Section of this Manual**.

4023 PRE-ADMISSION SCREENING/RESIDENT REVIEW (PASRR)

CHART 11

PASRR is federally mandated under the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), Public Law 100-203 and OBRA '90, Public Law 101-408. These provisions are set forth in Section 1919 of the Social Security Act (42 USC 1396r) and the Code of Federal Regulations (42 CFR 405, 431, 433, And 483). Those laws and regulations direct the policies and procedures set forth in Indiana's PASRR manual section.

(a) Medicaid certified nursing facilities (NF) are prohibited from admitting or retaining as a resident any individual who has or is suspected of having a condition of mental illness (MI), mental retardation (MR), or a related condition (MR/DD) unless the state PASRR program has determined that the individual, because of his or her medical and mental condition, requires the level of services provided by a NF.

(b) The PASRR program provides comprehensive assessments for those individuals with a condition of MI and/or MR/DD who are applicants to or residents of a Medicaid certified facility.

(c) If the appropriate state authority determines that the individual needs NF level of services, the state authority must further determine whether the individual needs specialized services for MI and/or MR/DD. If the individual needs NF level of services but does not require specialized services, the state authority must identify if there are services of a lesser intensity which the individual will need if admitted to a NF.

(d) Indiana (as well as all other states) is required to interface the PASRR process with any other existing or future NF Pre-Admission Screening and/or resident assessment procedures, to the greatest extent possible.

(e) Through its Medicaid state plan, Indiana has contracted with the Health Care Financing Administration (HCFA) to incorporate and utilize Indiana's Pre-Admission Screening (IPAS) program in the PASRR process.

(f) IPAS provides the following functions for the PAS portion of PASRR:

(1) identification of individuals seeking admission to Medicaid certified nursing facilities;

(2) review of and certification on the Level I screen of need for Level II assessment;

(3) written notice to the individual of the referral for a Level II;

(4) triggering mechanism for the CMHC or D&E Team to complete a Level II assessment;

(5) provision of necessary assessment data to evaluate and determine need for NF level of services, including physical status, functional assessment (activities of daily living), alternative services, and placement;

- (6) liaison between NF, family, physician, and other entities as necessary;
- (7) review of documentation and recommendation for placement; and
- (8) coordinating entity to serve as a consultant for case problems and quality assurance.

(g) PASRR also interfaces with other entities to assure that services that meet the individual's MI and/or MR/DD needs are provided in the NF in which the individual resides. The Medicaid NF audit team provides an annual review and an assessment of continuing need for NF services for individuals with a condition of MI and/or MR/DD. NF surveyors with the Indiana State Department of Health also target identified individuals during review visits to assure that mental health service needs are met.

4023.1 FUNDING SOURCES FOR PASRR

PASRR is funded by Medicaid dollars.

4023.2 ELIGIBILITY AND PARTICIPATION REQUIREMENTS FOR PASRR

(a) Federal law requires that all individuals who are applicants to or residents of Medicaid certified NFs and who have or are suspected of having a condition of MI and/or MR/DD must participate in PASRR, regardless of the source of payment for the NF services.

(b) Participation is required by the following:

(1) Medicaid Certified Nursing Facilities

All facilities Medicaid certified by the State department of health to provide NF services are required to participate in the PASRR program.

(2) All NF Applicants and Residents

PASRR applies to the screening or assessment of all individuals with MI or MR/DD who apply to or reside in Medicaid certified NFs, regardless of the source of payment for the NF services.

4023.3 PARTICIPATION IN THE IPAS PROGRAM

(a) NF applicants to a Medicaid certified NF who triggers a Level II must participate in the IPAS program. It is a federal requirement that may not be refused because IPAS is an assessment component of the PAS part of PASRR.

4023.4 DETERMINATION OF CRITERIA

PASRR determination is based on a bi-level process.

4023.4.1 Level I

Determination of whether an individual needs to participate in the PASRR assessment is usually based on an 8 question identification screen named the Level I. Other pertinent information or documentation may also reveal a need for the PASRR assessment.

4023.4.2 Level II

The PASRR assessment and findings constitute the Level II. The assessment is multidimensional and multidisciplinary as follows:

- (1) reviewing need for NF level of services;
- (2) making a diagnostic determination;
- (3) ascertaining whether specialized services are required; and
- (4) identifying service needs of less intensity than specialized services.

4023.5 PASRR - TWO PART PROGRAM

PASRR is a periodic assessment process for individuals who qualify as having a condition of MI or MR/DD, whereas IPAS is only required for original NF admission and may be done for discharge planning.

4023.5.1 PRE-ADMISSION SCREENING

(a) At the time of NF admission, the state MI or MR authority (as appropriate) is required to determine for each NF applicant with a condition of MI or MR/DD whether, due to his or her physical and mental condition, he or she needs the level of services provided by a NF.

(b) If such an individual is found to need NF level of services, the state MI or MR authority also shall determine whether the individual needs specialized services.

4023.5.2 RESIDENT REVIEW

RR reviews are repeated if there is a significant change in the individual's condition. RRs may be conducted annually at the discretion of CMHCs.

4023.6 RESPONSIBLE ENTITIES IN THE ASSESSMENT PROCESS

For PAS purposes, PASRR enhances the needs assessment and service determination functions of the IPAS requirement. Individuals with a condition of MI receive a comprehensive assessment by mental health professionals from the local community mental health center. Contracted diagnosis and evaluation teams determine whether an

individual qualifies as MR/DD and, if so, the individual's service needs. The person with MR/DD is also linked to case management at the BDDS office. a 4B is required to provide proof of pre-admission screening and level of care determination.

4023.7 PASRR FINAL DETERMINATION

The AAAs complete the final determination for PASRR cases. Two documents are issued by the AAA when final determination is completed: PAS form 4B and the PASRR certification form. For RR cases, a certification form and cover letter is issued by the Community Mental Health Centers.

4023.8 APPEALS AND FAIR HEARINGS

An individual may appeal any adverse decision and request a fair hearing. As PASRR is governed by federal Medicaid law and regulations, Medicaid Hearings and Appeals processes the appeals.

4024 RESIDENTIAL CARE ASSISTANCE PROGRAM (RCAP) (SEE SECTION 11)

4025 RESPITE CARE

(a) Respite care services are those services provided temporarily or periodically to older adults or persons with disabilities to relieve the usual unpaid caregiver. Service may be provided in the client's or caregiver's home or in a nursing facility or other location, depending on the funding source involved and individual program requirements. Respite care is provided to assist a family in keeping an older adult or person with disabilities in the home.

4025.1 ALLOWABLE SERVICES COVERED UNDER RESPITE CARE SERVICES

Respite care services may provide:

- (1) homemaker services;
- (2) attendant care;
- (3) personal assistance services;
- (4) home health aide services;
- (5) skilled nursing services; or
- (6) nursing facility services.

4025.2 ACTIVITIES NOT ALLOWED

- (a) Services that duplicate any other service provided under the client's plan of care.
- (b) Provision of services to an older adult or person with disabilities who is without a usual caregiver.

4025.3 FUNDING SOURCES FOR RESPITE CARE SERVICES

Funding for respite care services is available through SSBG, Title III, CHOICE, program income, and local funds. Additionally, respite care must not duplicate any other service being provided under the client's plan of care.

4025.4 THE FSSA DA POLICY AND PROCEDURES REGARDING RESPITE CARE SERVICES

FSSA DA shall contract with each AAA to case manage respite care services funded from any of the various funding sources.

4025.5 AAA POLICY AND PROCEDURES CONCERNING RESPITE CARE SERVICES

The local AAA shall determine client eligibility for respite care services and refer them to a service provider.

4025.6 SERVICE PROVIDER RESPONSIBILITIES CONCERNING RESPITE CARE SERVICES

The service provider shall agree to provide respite care services following procedures and directives required by the **FSSA DA** and the AAAs.

4025.7 UNIT OF SERVICE

A unit of service is defined as 1 hour of allowable activity. However, respite delivered in a nursing facility is defined as 1 unit equals 1 day.

4026 SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)
(SEE SECTION 9)

4027 SENIOR CENTERS

The multipurpose senior center is a community facility that offers a broad range of services including health, nutrition, recreation, social and educational activities for older adults.

4027.1 ALLOWABLE ACTIVITIES

The multipurpose senior center may offer a variety of services including services, such as, but not limited to, the following:

- (1) health screening or health education;
- (2) social services;
- (3) nutrition services, consisting of meals served in a congregate setting;
- (4) educational services; and
- (5) recreational and group activities.

4027.2 ACTIVITIES NOT ALLOWED

Sectarian instruction or religious worship shall not be conducted in a senior center.

4027.3 FUNDING SOURCES SPECIFIC FOR SENIOR CENTERS

Funding sources include Title III, state and local funds, donations, fees and fund-raisers.

4027.4 THE FSSA DA POLICY AND PROCEDURES REGARDING SENIOR CENTERS

- (a) The **FSSA DA** shall review the AAA “Multipurpose Senior Center Assurance” part of the area plan for compliance with all requirements.
- (b) The **FSSA DA** shall maintain and annually update a Directory for Senior Centers located in Indiana which contains the most current lists of senior centers and focal points as submitted in the AAA area plans.
- (c) The **FSSA DA** shall monitor to ensure that the AAAs are submitting timely reports concerning senior centers, to NAPIS on a quarterly basis. The **FSSA DA** shall provide a written summary report of the monitoring visit within 60 days from the date of the visit.
- (d) The summary report shall include a description of any deficiencies found in the submission of reports to NAPIS or any other service, policy, procedure or action concerning a Senior Center or the administration of a Senior Center or any services or programs offered at a particular Senior Center and shall recommend corrective actions

which are based on state and federal regulatory and legal policies. The monitoring summary report shall also verify the use of established sound business practices, and assess conformity with the AAA performances based contract system.

(e) The **FSSA DA** shall grant the AAA a period of 30 days from the date of the letter to prepare a response which shall describe specific actions linked to solutions to deficiencies and shall also acknowledge and respond to the recommended corrective actions and suggestions.

4027.5 AAA POLICY AND PROCEDURES REGARDING SENIOR CENTERS AND FOCAL POINTS

(a) As part of the area plan, each AAA shall develop and carry out the following requisites:

(1) provide through a comprehensive and coordinated system, for supportive services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, including determining the extent of need for multipurpose senior centers in such areas;¹ and

(2) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal points.

(b) The AAA shall provide through a comprehensive and coordinated system for the establishment, maintenance or construction of multipurpose senior centers including determining the extent of the need (taking into consideration the number of older adults residing in the service delivery area, the number of older adults who have the greatest economic need with particular attention to low-income minority adults and older adults residing in rural areas) residing in the service delivery area, the number of older adults who have greatest social need (with particular attention to low-income minority adults residing in the service delivery area, and the number of older adults who are Indians residing in the service delivery area).

(c) The AAA will designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations providing day care services for children, assistance to older adults caring for relatives who are children, and respite for families as such focal point.

(d) The AAA conducts annual reviews of the utilization of multipurpose senior centers to ensure that they are being used for their originally intended purpose.

(e) The AAA maintains an up-to-date inventory of multipurpose senior centers that have been acquired and/or constructed in whole or in part with Title III-B funds and contains the minimum requirements described in the Administration on Aging Program Instructions 91-04.

¹ Older Americans Act, Section 306 (a) (1) and (3) (A)

(f) The AAA shall ensure that the multipurpose senior center/focal point offer on site, at a minimum, the following:

- (1) health services, such as health screening or health education;
- (2) social services, such as information and assistance, outreach or transportation;
- (3) nutrition services consisting of at least three meals per week served in a congregate setting;
- (4) educational services;
- (5) recreational and group activities;
- (6) compliance with the Americans with Disabilities Act; and
- (7) compliance with all state and local health, fire, safety and sanitation laws, ordinances and codes including a posted accident and emergency evacuation plan.

(g) The AAA shall annually submit updates on senior centers and focal points to the **FSSA DA**.

(h) The AAA shall have an up-to date inventory of the multipurpose senior centers that have been acquired and/or constructed in whole or in part with Title III funds. The AAAs are entitled to recover Title III funds:

- (1) if within 10 years after acquisition or within 20 years after the completion of construction the owner of the facility ceases to be a public or non-profit private agency or organization; or facility ceases to be used for the purpose for which it was acquired unless, in accordance with regulations, there is no good cause for releasing the applicant or other owner from the obligation; and
- (2) in an amount which bears to the then value of the facility, or so much thereof as constituted an approved project or projects, the same ratio as the amount of such federal funds bore to the cost of the facility financed with the aid of such funds. Such value is determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated.

4028 THERAPY SERVICES

Therapy Services include speech and language therapies, physical therapies, and occupational therapies that are designed to increase a client's ability to function as independently as possible.

4028.1 ALLOWABLE THERAPY SERVICE ACTIVITIES

Allowable Therapy Services include:

(1) Speech and Language Therapy

This service consists of therapy for the treatment of speech and hearing disabilities and provides specialized auditory training.

(2) Physical Therapy

It provides treatment and training programs designed to preserve and improve abilities for independent functioning, such as gross and fine motor skills, range of motion, strength and muscle tone, activities of daily living, and mobility to prevent progressive disability through such means as the use of purposeful activities, orthotic and prosthetic devices, assistive and adaptive equipment, positioning, behavior adaptation, and sensory stimulation.

(3) Occupational Therapy

Occupational Therapy Services provide evaluation, treatment, and training programs such as gross and fine motor function, self-care, sensory and perceptual motor function. Remedial techniques include the design, fabrication, and adaptation of materials and equipment to individual needs.

4028.2 FUNDING SOURCES FOR THERAPY SERVICES

Therapy Services are available to eligible individuals under SSBG, CHOICE, and Title III.

4028.3 THE FSSA DA POLICY AND PROCEDURES REGARDING THERAPY SERVICES

The FSSA DA shall monitor and assess AAAs on the provision of Therapy Services.

4028.4 AAA POLICY AND PROCEDURES CONCERNING THERAPY SERVICES

The AAA shall determine eligibility and refer clients to a certified service provider.

4028.5 SERVICE PROVIDER PROCEDURES CONCERNING THERAPY SERVICES

The service provider shall agree to provide the service as required by the FSSA DA and to handle billing directly to the fiscal agent.

4028.6 UNIT OF SERVICE

A single unit of service is defined as 15 minutes of allowable activity.

4029 TRANSPORTATION SERVICES

Transportation Services are a vital link that ensures older adults and persons with disabilities (particularly those persons living in rural areas) access to services that help them remain independent. All Transportation Services shall comply with federal (DOT) and state (INDOT) rules and regulations as well as applicable codes, including the Americans with Disabilities Act (ADA).

4029.1 ALLOWABLE TRANSPORTATION SERVICES

The AAAs may apply for a waiver to be able to provide Transportation Services directly. As part of the waiver request, the AAA must justify reason by describing the steps taken to recruit and develop other providers of this service.

4029.2 ACTIVITIES NOT ALLOWED

Staff of the AAA or subcontractors should not transport clients in their personal vehicles, except in emergency situations.

4029.3 FUNDING SOURCES SPECIFIC FOR TRANSPORTATION SERVICES

(a) Funding sources include:

- (1) Title III;
- (2) Older Hoosier Funds;
- (3) SSBG;
- (4) CHOICE;
- (5) program income; and
- (6) local funds.

(b) Funding for purchases of vehicles and other necessary equipment may be provided through some state and federal resources.

4029.4 THE FSSA DA POLICY AND PROCEDURES REGARDING TRANSPORTATION SERVICES

(a) The FSSA DA shall monitor AAAs and service providers for safety and effectiveness in transportation programs for older adults and persons with disabilities by retaining a transportation coordinator.

(b) The **FSSA DA** transportation coordinator shall perform the following duties:

- (1) coordinate policy development and training with other state agencies that are involved with transportation services and/or regulations;
- (2) coordinate with program and fiscal reviewers regarding monitoring and evaluation of transportation programs;
- (3) provide the AAAs with technical assistance with regard to transportation;
- (4) monitor the transportation services provided by or funded through the AAAs;
- (5) provide a written summary report of the monitoring visit within 60 days from the date of the visit.

(c) the monitoring summary report shall include a description of any deficiencies found in the program and should recommend corrective actions which are based on state and federal regulatory and legal policies. The monitoring summary report shall also verify the use of established sound business practices, and assess conformity with the AAA performances based contract system.

4029.5 AAA POLICY AND PROCEDURES REGARDING TRANSPORTATION SERVICES

(a) AAAs providing Transportation Services must have a transportation coordinator to oversee the administration of Transportation Services.

- (1) At a minimum, the transportation coordinator must have a high school diploma or GED certificate.
- (2) The transportation coordinator shall have a current job description outlining duties and responsibilities such as review of trip records or deadhead miles, to ensure efficiency.

(b) The AAAs and their service providers shall operate and maintain safe and effective transportation services for older adults and persons with disabilities. The AAA shall assure that coordination of transportation services is assigned to a specific person and shall assure the operation and maintenance of a safe, effective, and within funding limitations, an area wide transportation system through:

- (1) safety inspections, preventive maintenance, prompt repair, proper insurance, safe vehicles; and
- (2) needs assessment and service analysis.

(c) When demand exceeds services available, the AAA shall prioritize the types of transportation that will be provided and contracts for services shall reflect that prioritization.

- (1) This formal inspection shall include the:

- (A) electrical system;
- (B) drive train;
- (C) steering gear; and
- (D) brake mechanism.

(d) All vehicles must be equipped with seat belts for all passengers. The seat belts must be used any time the vehicle is in motion.

(e) Vehicles that transport clients in wheelchairs must be equipped with approved tie downs and seat belts. These items must be used any time the vehicle is in motion. Clients transported in wheelchairs must be facing forward.

(f) Vehicles must be equipped with emergency flasher lights or carry flares or reflective warning signs.

(g) Vehicles shall comply with all laws, rules, regulations, and applicable codes, including the Americans with Disabilities Act.

4029.6 DOCUMENTATION AND SERVICE STANDARDS

(a) For AAAs and service providers (receiving Title III funds) there must be:

- (1) maintenance records and a preventive maintenance schedule for each vehicle in use;
- (2) a Pre-Trip Inspection completed before the driver's scheduled shift and a report of any maintenance concern they can identify;
- (3) transportation staff who hold safety sensitive positions who have been given a pre-employment screen and will submit to random drug tests;
- (4) pre-employment Bureau of Motor Vehicle driver's license checks and criminal background checks on drivers, to determine employment and insurance eligibility;
- (5) drivers who have completed the required two week training period before operating a vehicle without supervision. Training modules and personal training may be from (RTAP) Rural Transit Assistance Program or from the AAA in the form of videotape sessions from their library, personal driver observation during training and training seminars selected by the (TAC) Transportation Advisory Committee;
- (6) vehicles that are properly insured for liability, medical payments, uninsured motorist and collision/comprehensive coverage; and
- (7) van drivers who hold valid Chauffeur's Driver's Licenses (CDL) and have CPR certification as well as other specialized training.

(b) The AAA shall establish procedures that provide for evaluation of any driver involved in an accident and assure that corrective action is taken within 7 days of the accident, for any negative findings. Each AAA shall coordinate with all other available transportation systems.

(c) The AAA shall retain on file all appropriate documentation concerning any accident involving a driver for a period of 3 years. The documentation shall include:

- (1) accident reports;
- (2) evaluation results; and
- (3) any corrective action planned.

(d) The AAA shall provide each older adult receiving transportation services an opportunity to voluntarily contribute to the cost of the service, if funded through Title III.¹

(e) The AAA shall have 30 days from the date of the letter to prepare a response which shall describe specific actions linked to solutions to deficiencies and shall also acknowledge and respond to the recommended corrective actions and suggestions.

4029.7 SERVICE PROVIDER PROCEDURES REGARDING TRANSPORTATION SERVICES

(a) The service provider must ensure the following:

(1) all vehicles shall be properly maintained. A standard list of items is checked each day the vehicle in service is used.

(2) procedures are in place that require the vehicle be out of service until such corrections are made of specific items that would include:

- (A) brakes;
- (B) fuel;
- (C) emergency equipment; and
- (D) seat belts.

(3) all vehicles shall have an inspection every 6 months or as recommended by the vehicle manufacturer.

¹ Code of Federal Regulations, 45 CFR 1321.67(a)

4030 VOLUNTEER SERVICES

Volunteer groups and individuals, including older adults, provide assistance and services appropriate to the needs of older adults and persons with disabilities.

4030.1 FUNDING SERVICES FOR VOLUNTEER SERVICES

Funding Sources are Title III, Older Hoosier Funds, and local funds.

4030.2 THE FSSA DA POLICY AND PROCEDURES REGARDING VOLUNTEER SERVICES

(a) The **FSSA DA** shall encourage the AAAs to enlist the services of volunteer groups and individuals, especially older adults, to provide assistance and services appropriate to the unique needs of older adults and persons with disabilities.

(b) The **FSSA DA** shall:

- (1) provide for volunteer services planning in the area plan format;
- (2) provide encouragement and technical assistance to the AAAs in the development of volunteer services in the PSAs; and
- (3) monitor volunteer services goals and objectives as they develop in the AAAs.

(c) If at least 40 % of the area plans provide for area volunteer service coordinators, the **FSSA DA** shall provide a state volunteer service coordinator, who shall:

- (1) encourage AAAs to provide for area volunteer service coordinators;
- (2) coordinate the volunteer services offered between the various AAAs;
- (3) encourage, organize, and promote the use of older adults as volunteers to the state;
- (4) provide technical assistance, which may include training, to area volunteer services coordinators; and
- (5) promote the recognition of the contribution made by volunteers to the programs administered under the state plan.¹

4030.3 AAA POLICY AND PROCEDURES CONCERNING VOLUNTEER SERVICES

(a) At its discretion, the AAA should provide for a volunteer services coordinator.

(b) The AAA volunteer services coordinator shall do the following:

¹ Older Americans Act, Section 307(a) (31) (A)

(1) conduct and/or update an annual needs assessment to determine the need for volunteer services within the community. If the needs assessment indicates a need for volunteers, then the agency shall:

(A) develop and maintain a file of potential volunteer opportunities;

(B) design written job descriptions for each volunteer assignment which includes job title, job responsibilities, training or preparation to be provided, time and place of assignment, length of commitment, level of on-the-job supervision, name of supervisor and other pertinent data;

(C) interview volunteers for assessment of skills and appropriate assignments;

(D) develop written procedures regarding acceptance, denial, or termination of volunteers;

(E) negotiate time commitments from each volunteer for each assignment;

(F) establish and maintain a system for recording volunteer hours;

(G) provide orientation and training for volunteers prior to or at time of assignment;

(H) provide supervision of volunteers;

(I) monitor and evaluate volunteer assignment and performance; and

(J) develop and maintain personnel files on all volunteers.

(2) encourage and enlist the services of volunteer groups to provide assistance and services appropriate to the unique needs of older adults and persons with disabilities;

(3) encourage, organize, and promote the use of older adults as volunteers in the local communities. Promote volunteer involvement through use of the media and other appropriate public relations techniques;

(4) promote recognition of the contribution made by volunteers to programs administered under the area plan;¹

(5) AAAs shall ensure that agencies shall provide adequate insurance coverage for volunteers providing volunteer duties;

(6) AAAs shall ensure that all information collected on volunteers is maintained in accordance with the **FSSA DA** Confidentiality Policies and Procedures in Section 2004 - Administrative Duties, of the **FSSA DA** Operations Manual; and

¹ Older Americans Act, Section 306(a) (12) (A), (B), and (C)

(7) AAAs shall provide to the **FSSA DA** any information or reports upon request. Volunteers may be required to adhere to established policies or procedures such as those established by RSVP or AARP in partnership with the **FSSA DA**.

4031 REQUESTS FOR AUTHORIZATION OF SERVICES (RFA)

(a) When an AAA needs to request authorization for a service, home or vehicle modification, adaptive aid, device or other service, with a cost of over \$4, 999.99, the AAA shall send a completed Request for Authorization (RFA) document through the State's Computer Software Management System (CSMS) to the **FSSA DA**.¹

4031.1 AAA PROCEDURES REGARDING REQUEST FOR AUTHORIZATION OF SERVICES

(a) The AAA shall electronically submit the RFA to the **FSSA DA**.

(b) Along with the RFA, the AAA shall send information and/or required documentation, including but not limited to the following:

(1) three bids for the service, or all the bids received and documentation of why three bids were not available;

(2) signed physician's statement verifying the need for the service (faxed or mailed to the appropriate **FSSA DA** staff person); and/or

(3) copies of any blueprints, drawings or plans for any proposed home or vehicle modification (faxed or mailed to the appropriate staff person).

4031.2 THE FSSA DA PROCEDURES REGARDING THE REQUEST FOR AUTHORIZATION FOR SERVICES

(a) The **FSSA DA** will review the RFA within 30 days. At this time, the **FSSA DA** may request additional documentation and/or information, deny or approve the RFA.

(b) The **FSSA DA** shall consider the RFA and all additional required documentation, including the following:

(1) entries listed on the client's eligibility screen (via INsite) including general comments; and

(2) medical condition listed for the client.

(c) If the **FSSA DA** needs more information, the **FSSA DA** shall request the AAA to submit additional documentation and/or information within 30 days from the date of the request.

(d) The **FSSA DA** shall make a final decision within 90 days from the submission date of the original RFA. If the AAA has not sent all requested information and appropriate documentation by that time, the **FSSA DA** has the right to delete the RFA.

¹ Added 5/13/05

(e) The **FSSA DA** shall notify the AAA of the approval or deletion via the State's Computer Software Management System (CSMS).¹

¹ Added 5/13/05

4032 TRANSFER OF CLIENTS

(a) Clients may relocate within the state without loss of services. The AAAs shall assure that services are continued, if the services are available.

(b) Transfer of clients policy applies to the following funding sources:

(1) Social Services Block Grant (SSBG), Title III, CHOICE; and

(2) other funding that is administered by the **FSSA DA** and allows the flexibility of client choice in location.

4032.1 AAA PROCEDURES REGARDING TRANSFER OF CLIENTS

(a) For active clients currently receiving services, the originating AAA will contact the receiving AAA regarding a transfer of a client.

(b) If there are service dollars available at the receiving AAA, the originating AAA will forward appropriate information to the receiving AAA. Information that will be sent (if available) is the following:

(1) assessment and eligibility screen;

(2) notation or copy of original application date and relevant notes;

(3) 30 days of documentation notes; and

(4) other appropriate information.

(c) The receiving AAA will visit the client and follow their agencies policies regarding authorization of services and care plan management.

(1) If there are not service dollars available:

(A) the client's name will be placed on the receiving agency waiting list and will receive services based on the receiving AAAs procedures.

(B) before implementing a new or revised care plan, the receiving AAA will submit a new Plan of Care for approval.

(C) until the client's services are paid by the receiving AAA, the originating AAA will pay for the client's services.

(D) The receiving AAA will bill the originating AAA monthly for services. The paying AAA will report required demographics, fiscal information, and other appropriate information, until the client and their service expenditures are the responsibility of the receiving AAA.

(d) Only service dollars will be reimbursed between the AAAs. It is not cost effective to include administrative and case management cost in the billing based on the potential

brief period these individuals will be associated with two AAAs. When the client is transferred to the receiving agency fiscal budget, the agreement between the agencies will be terminated.^{1 and 2}

¹ Indiana Association of Area Agencies on Aging Policy on Consumer Transfer/Move from One AAA to Another, dated 10/15/99

² Added 5/13/05

More information can be found in the following:

Code of Federal Regulations

20 CFR Part 641-Department of Labor, 45 CFR 1321.17(f)(8), 45 CFR 1321.53(b)(1),
45 CFR 1321.67(a)

Workforce Investment Act of 1998, Section 134(c) (29 USC 2864(c))

Older Americans Act of 1965, as amended in 2000

Sections 102(1), 102(28), 301(b)(2), 302(3), 303(c)(1), 303(e), 304(d)(1)(D), 306, 307,
312, 321(1), 321(a)(2), 321(a)(12), 321(a)(14), 331(b)(1), 371, 372, 373, 374,374, 375,
376, 401, 416, 401, 402, 403, 404, 405, 406, 407, 408, 409, 510, 511, 512, 513, 514,
515 and 516

United States Code

42 USC 102, 42 USC 3030(s)

Administration on Aging, Program Instructions 91-04

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SECTION 5

5000 FUNDING SOURCES AND ELIGIBILITY REQUIREMENTS

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ADMINISTRATION OF PROGRAMS
Indiana Code 12-10-1-3

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5000 FUNDING SOURCES AND ELIGIBILITY REQUIREMENTS

CHART 12

Administration of Programs Indiana Code, IC 12-10-1-3

The Bureau of Aging and In-Home Services shall administer the following programs:

- (1) Older Americans Act under IC 12-9-5-1
- (2) Area Agencies on Aging services under this article
- (3) Adult Protective Services under IC 12-10-3
- (4) Room and Board Assistance and assistance to residents in county homes under IC 12-10-6
- (5) Adult Guardianship Program under IC 12-10-7
- (6) Community and Home Options for the Elderly and Disabled under IC 12-10-10. (7) Nursing home pre-admission screening under IC 12-10-12
- (8) Long Term Care Advocacy under IC 12-10-13
- (9) Nutrition services and home delivered meals
- (10) Title III B supportive services
- (11) Title III D in-home services
- (12) Aging programs under the Social Services Block Grant
- (13) United States Department of Agriculture Elderly feeding program
- (14) Title V Senior Employment
- (15) PASARR under older adult services under IC 12-10-1-3-15

(a) The **FSSA DA** administers several funding sources that support a wide range of programs that offer services for adults age 55 and older, adults age 55 and under, with disabilities and children with disabilities, through the Older Americans Act (OAA), Social Service Block Grant (SSBG), CHOICE, and other various funding sources.

(b) The **FSSA DA** uses these funds to focus on improving the lives of older adults and adults with disabilities in areas of health, income, employment, retirement, and community services. This section lists information about the funding sources administered by the **FSSA DA** to assist older adults and persons with disabilities to remain in their own homes and communities.

5001 OLDER AMERICANS ACT OF 1965, AS AMENDED IN 2000

CHART 13

Public Law 89-73

An ACT to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants and to establish within the Department of Health, Education and Welfare an operating agency to be designated as the 'Administration on Aging'. Be it enacted by the Senate and House of representatives of the United States of America in Congress assembled, that this act may be cited as the "Older Americans Act of 1965".

(a) The Older Americans Act was enacted in 1965, and amended in 2000, to provide assistance in the development of new or improved programs to help older adults by doing the following:

- (1) awarding grants to states for community planning and for training;
- (2) awarding research, development, and training project grants; and

(3) establishing the AoA within the Department of Health and Human Services.

(b) The OAA was passed and established to be the primary resource for organizing and delivering community-based services through a coordinated system at the state level for older adults.

5001.1 TITLE I: DECLARATION OF OBJECTIVES

(a) Title I establishes the central theme of the act, which is to promote the independence and dignity of older adults. It also calls for equal opportunity for all older adults in the following areas.

- (1) Income;
- (2) Physical and mental health;
- (3) Housing;
- (4) Restorative services;
- (5) Employment;
- (6) Retirement;
- (7) Meaningful activities;
- (8) Continuum of care;
- (9) Benefit from research;
- (10) Participation in planning services; and
- (11) Protection against abuse, neglect, and exploitation.

5001.2 TITLE II: ADMINISTRATION ON AGING

Title II establishes the federal AoA as the principal agency for administering the OAA (except Title V) and describes AoA's functions.¹

5001.3 TITLE III: GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

(a) The Title III Section of the act includes the provision for appropriation of funds for use by the states. Title III also requires AAAs and service providers to develop and implement comprehensive and coordinated service-delivery systems that do the following:

¹ Older Americans Act, Section 201

- (1) secure and maintain maximum independence and dignity in a home environment for older adults;
- (2) remove individual and social barriers to economic and personal independence for older adults;
- (3) remove individual and social barriers to economic and personal independence for older adults;
- (4) provide a continuum of care for vulnerable older adults; and long-term services and;¹
- (5) secure the opportunity for older adults to receive managed in-home and community-based long term services.

(b) Among other requirements and assurances, Title III of the act also does the following:

- (1) sets forth matching funds/in-kind requirements and establishes organization and designation requirements for the **FSSA DA**;²
- (2) sets forth provision requirements for the state and area plans;³
- (3) sets a requirement for assurances in state and area plans that preference will be given to older adults with the greatest economic and social need, giving particular attention to minority older adults in the provision of services;⁴
- (4) determines conditions and requirements for planning, coordination, evaluation, and administration of state plans and establishes policy for payments of grants or contracts;
- (5) sets requirements for disaster relief reimbursements and availability of surplus commodities;⁵
- (6) establishes policy regarding audits and the recapture of payments for multipurpose senior centers;⁶ and
- (7) lists the rights of older adults who receive in-home services.⁷

(c) Title III is divided into separate funding categories. Indiana administers funds for five categories as set out below:

- (1) III-B Supportive Services and Senior Centers
Supportive Services and Senior Center funding provides for services that are

¹ Older Americans Act, Section 301(a)(1)(A) and (D)

² Older Americans Act, Section 304

³ Older Americans Act, Section 306, and 308

⁴ Older Americans Act, Section 306, and 308

⁵ Older Americans Act, Section 310 (a) (1)

⁶ Older Americans Act, Section 313(a)

⁷ Older Americans Act, Section 314

necessary for the general welfare of older adults and provides funding assistance in the operation of multipurpose senior centers.¹

(2) III-C Nutrition Services

Nutrition Services provides hot or otherwise appropriate, nutritionally balanced meals, nutrition education, and other appropriate nutrition services to older adults in a congregate setting or to persons confined to their homes.²

(3) III-D Disease Prevention and Health Promotion Services

Disease Prevention and Health Promotion Services provides disease prevention and health promotion services and information at senior centers and other appropriate sites, giving priority of service to areas medically underserved and to those in which there are a large number of older adults who have the greatest economic need for such services.³

(4) III-E National Family Caregiver Support Program

The National Family Caregiver Support Program provides systems of support services for family caregivers, and for grandparents or older individuals who are relative caregivers. Support services include providing the following: information to caregivers about available services; assistance to caregivers in gaining access to the services; individual counseling, organization of support groups, and caregiver training to caregivers that assist in making decisions with regard to their caregiver roles; respite care to enable caregivers to be temporarily relieved from their caregiver status; and limited supplemental services to complement the care provided to individuals.⁴

5001.4 TITLE IV: TRAINING, RESEARCH, AND DISCRETIONARY PROJECTS AND PROGRAMS (OAA 401- 402)

(a) The purpose of Title IV is to expand knowledge and understanding of aging and the aging process; to design and test innovative ideas in programs and services for older adults; and to help meet the needs for trained personnel in the field of aging through special grants and contracts.

5001.5 TITLE V: COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

(a) The Department of Labor administers the Title V Section of the act that provides for the Older American Community Service Employment Program to promote and foster useful part-time opportunities in community service activities for unemployed low-income persons who are 55 years of age or older.⁵

(b) Program requirements are outlined for provider and individual participation, non-federal share requirements, allowances for administration, and equitable distribution within each state.

¹ Older Americans Act, Section 321

² Older Americans Act, Section 331

³ Older Americans Act, Section 361

⁴ Older Americans Act, Section 372

⁵ Older Americans Act, Section 361-363

5001.6 TITLE VI: GRANTS FOR NATIVE AMERICANS

INDIANA DOES NOT RECEIVE FUNDING UNDER THIS TITLE.

5001.7 TITLE VII: ALLOTMENTS FOR VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES

(a) Title VII provides a program for making allotments to states to pay for the cost of carrying out vulnerable elder rights protection activities.¹

(b) This section of the act includes general state provisions that establish Title VII programs and set forth requirements for the authorization of appropriations; establish state allotments, set forth state organization policy, list additional state plan requirements for Title VII programs, and establish the requirements for demonstration projects.

(c) Title VII also establishes and defines the functions of the following:

- (1) the ombudsman program;
- (2) programs for prevention of abuse, neglect, and exploitation;
- (3) the state rights and legal assistance development program;
- (4) outreach, counseling, and the assistance program for insurance and public benefits;
- (5) subtitle B-Native American organization provisions; and
- (6) subtitle C-general provisions.

5001.8 TITLE VIII: NATIVE AMERICAN PROGRAMS

INDIANA DOES NOT RECEIVE FUNDING UNDER THIS TITLE.

5001.9 RESPONSIBILITY FOR THE OLDER AMERICANS ACT (OAA)

(a) At the federal level, the responsibility for carrying out the OAA, with the exception of Title V, which is administered by the Department of Labor, is vested by statute in AoA.²

(b) At the state level, the responsible entity is the designated state unit on aging which is the Division of Aging.

¹ Older Americans Act, Section 701

² Indiana Code 12-10-10 (CHOICE is always considered the funding of the last resort)

5001.10 ADMINISTRATION ON AGING

Pursuant to the OAA of 1965, as amended in 2000, the AoA, headed by an assistant secretary appointed by the president, is established within the Department of Health and Human Services.

5001.11 REGIONAL OFFICE OF THE AOA

(a) AoA has established 9 regional offices to serve as liaison between the federal and state governments. Indiana is in Federal Region V, located in Chicago, Illinois, to which FSSA/**FSSA DA** is accountable.

(b) Regional office responsibilities include the following:

- (1) working directly with states to provide technical assistance and training; and
- (2) reviewing state plans and recommending approval or disapproval of the plans to the assistant secretary of AoA.

5002 COMMUNITY AND HOME OPTIONS TO INSTITUTIONAL CARE FOR THE ELDERLY AND DISABLED (CHOICE)¹

(a) The Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE) is designed to change the way the state provides and delivers long-term care for older adults and persons with disabilities.²

(b) Above all, the purpose of CHOICE is to enable older adults or persons with disabilities to live independently in their own homes or in community-integrated settings. It is further intended to allow older adults ready access to community resources in order to improve the quality of life of families and children, with an emphasis on seniors and persons with disabilities.

(c) The program is also intended to encourage more coordinated planning; to give increased attention to CHOICE participant views; to provide greater respect for participant preferences; and to value participant selection of providers as well as services.

5002.1 SUMMARY OF THE INDIANA CODE: IC 12-10-10

Indiana Code 12-10-10 includes the following:

- (1) definitions of terms as applied to CHOICE;
- (2) CHOICE eligibility requirements;
- (3) the establishment of the CHOICE program and the administration and duties of Division of Disabilities and Rehabilitative Services (**DDRS**);
- (4) the disbursement of state funds for home health services to licensed health-care professionals, facilities, and agencies;
- (5) the establishment of a training program for relatives of eligible individuals and reimbursement with CHOICE and Medicaid funds to the relatives for provision of homemaker and personal care services; and
- (6) the identification of specific requirements of a report to be submitted for review before October 1st of each year, by the **FSSA DA** to the CHOICE board who in turn must submit the report to the General Assembly between November 15th and December 31st of each year.

5002.2 CHOICE FUNDING REQUIREMENTS

CHOICE funds are **exclusively** state dollars used to provide services for older adults and persons with disabilities enabling these individuals to maintain independence in their

¹ Added 5/13/05

² Indiana Code 12-10-10 (CHOICE is always considered the funding of last resort)

own homes and communities.

5002.3 ELIGIBILITY REQUIREMENTS FOR CHOICE FUNDING

(a) To be eligible for CHOICE funding, the older adult or person with disabilities must:

- (1) be a resident of Indiana;
- (2) be at least 60 years of age or disabled;
- (3) qualify under criteria developed by the CHOICE board as having an impairment that places the person at risk of losing independence; and
- (4) have no assets or have assets that do not exceed the worth of five hundred thousand (\$500,000) as determined by the FSSA DA.¹**

(b) A person is at risk of losing independence if the person is unable to perform two or more activities of daily living as measured on the long-term care services eligibility screen.

(c) The use by or on behalf of the person of any of the following services or devices do not make the client ineligible for services under CHOICE:

- (1) skilled nursing assistance;
- (2) supervised community and home care services, including skilled nursing supervision;
- (3) adaptive medical equipment and devices; and
- (4) adaptive non-medical equipment and devices.

5002.4 FINANCIAL ELIGIBILITY AND COST SHARE REQUIREMENTS FOR CHOICE FUNDING

(a) CHOICE services are offered to all persons regardless of their income. Although there are no income restrictions on eligibility, there is a method of cost reimbursement applicable to individuals who can pay all or a portion of the cost of CHOICE services rendered.

(b) The cost share requirement: The client's cost share of the payment for services rendered shall be calculated by using the CHOICE Cost Share Worksheet, which includes the United States Department of Health and Human Services Poverty Income Guidelines. (For more information, consult the Community and Home Options to Institutional Care for the Elderly and Persons with Disabilities (CHOICE)).

(c) CHOICE is the funding of last resort for in-home and community-based services. If

¹ IC 12-10-10-4(a)(3) - Added 4/10/06

any older adult or person with disabilities applying for or receiving services through the CHOICE program is eligible for in-home and community-based services from sources other than CHOICE, including services under Medicaid and Medicaid Waivers, those services must be utilized prior to or in place of CHOICE funding.

5003 SOCIAL SERVICES BLOCK GRANT-TITLE XX

The Social Services Block Grant (SSBG) was created for the purpose of consolidating federal assistance to states for social services into a single grant. States are given much flexibility in using social services grants and are encouraged to furnish services directed at particular objectives. The **FSSA DA** uses SSBG money to fund a compilation of in-home, community-based, and facility-oriented services targeted for low-income older adults and persons with disabilities.

5003.1 ELIGIBILITY REQUIREMENTS FOR SSBG FUNDING

(a) To be eligible for SSBG funding, the older adult or person with disabilities client must meet the following requirements:

- (1) The client must be a resident of Indiana.
- (2) The client must have a documented determination of service need. A service need exists when the case management provider determines and documents that the client's functional status may be enhanced through the provision of appropriate services.
- (3) The client must meet program income guidelines. If the client fails to meet the income guidelines but has a documented need for service due to abuse, neglect, exploitation, risk of institutionalization, and/or pending discharge from the hospital or nursing facility, the client may qualify for SSBG funded services as a no means-test client. Otherwise, the client must be determined to be in financial need by the case management provider.
- (4) Financial need exists when the client's and the family's incomes fall below 150% of the poverty level listed in the current Department of Health and Human Services Poverty Guidelines. The client must meet program income guidelines through a declaration of income (the verbal indication of the source and amount of gross income).

5004 NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) (OAA 311(D)) OF 2000, AS AMENDED

(a) The NSIP is the new name for the former United States Department of Agriculture's (USDA) program.

(b) The AoA is now administering the NSIP as well as the other nutrition programs as part of the OAA, funded through Titles III Part C-1 and Part C-2 and Title VI. In each fiscal year, the AoA, on behalf of the secretary of Health and Human Services, shall

disseminate to state agencies, AAAs, and providers of nutrition services assisted under this title, information concerning the following:

- (1) the existence of any federal commodity-processing program in which such state agencies, AAAs, and providers may be eligible to participate; and
- (2) the procedures to be followed to participate in the program.

5005 GENERAL FUNDING ELIGIBILITY REQUIREMENTS

The **FSSA DA** administers a variety of programs that provide funding for services to meet the needs of older adults and persons with disabilities. All individuals must meet general eligibility requirements as well as additional requirements specific to each funding program. Listed below are the general funding eligibility requirements.

5005.1 TITLE III: FUNDING REQUIREMENTS (OAA)

Title III funds are federal dollars that are provided to the **FSSA DA** for allocation to AAAs and service providers to develop and implement services necessary to allow older adults to remain in their homes as long as possible, while enhancing their sense of dignity and worth.

5005.1.1 ELIGIBILITY REQUIREMENTS FOR TITLE III FUNDING

- (a) To be eligible for Title III funding, the client must be at least 60 years of age.
- (b) Priority is given to serving those older adults who are in greatest economic need, social need, or both, with particular attention to low-income minority older adults, and to serving older adults residing in rural areas.
- (c) Although there are no financial eligibility requirements for Title III, specific programs funded partially or fully with Title III dollars may have special financial eligibility requirements.
- (d) For additional eligibility requirements, refer to Section 4 - Service Definitions¹.

5005.2 TITLE V: FUNDING REQUIREMENTS (OAA)

Title V funds are federal dollars allocated to the state to fund local employment and training programs for eligible persons.

¹ Corrected 5/13/05

5005.2.1 ELIGIBILITY REQUIREMENTS FOR TITLE V FUNDING

To be eligible for Title V funding, the client must:

- (1) be at least 55 years of age; and
- (2) be a resident of Indiana.

5005.2.2 FINANCIAL ELIGIBILITY FOR TITLE V

Refer to Section 9000 - Senior Community Service Employment Program (SCSEP).

5005.3 TITLE VII: FUNDING REQUIREMENTS (OAA)

Title VII dollars are federal funds made available to the states to protect the rights of older adults by providing services and programs such as long-term care ombudsman, elder-rights and legal-assistance development programs, and outreach and counseling services.

5005.3.1 ELIGIBILITY REQUIREMENTS FOR TITLE VII FUNDING

Services are targeted to assist older adults who are in greatest economic need, social need, or both, with particular attention to low-income minority older adults.

5006 OLDER HOOSIER ACCOUNT FUNDING REQUIREMENTS

The Indiana legislature appropriates state dollars to the **FSSA DA** to assist with meeting the match requirements of various funding sources that support programs and activities for older adults. Programs under Title III, Title V, and Title VII of the OAA require that federal funds be matched by state and local funds.

5006.1 ELIGIBILITY REQUIREMENTS FOR OLDER HOOSIER ACCOUNT FUNDING

Eligibility requirements are the same as those of the funding source the Older Hoosier account dollars are used to match.

5006.2 FINANCIAL ELIGIBILITY

(a) Financial eligibility requirements are the same as those of the funding source the Older Hoosier account dollars are used to match.

(b) Older Hoosier accounts match a percentage of dollars provided by a particular funding source. Services provided would depend upon the funding source the Older Hoosier account dollars are used to match.

5007 FISCAL POLICIES AND PROCEDURES APPLICABLE TO THE FSSA DA CONTRACTS WITH AAA ONLY

The fiscal policies and procedures outlined in this section are for programs contracted between **DDRS** (through **FSSA DA**) and the AAAs.

5007.1 FUNDING ACCOUNTS

(a) The **FSSA DA** administers the following federal and state funding accounts:

- (1) Adult Guardianship Services Acct. 1000-122930
- (2) CHOICE Acct. 1000-121490
- (3) General State Appropriations
Acct. 1000-104950 (Older Hoosiers Account)
- (4) OAA (Title III and Title VII, Excluding Adult Protective Services) Acct. 6000-149800
- (5) SSBG
Acct. 3520-102000
- (6) Title V (Senior Community Service Employment Act) Acct. 6000-105600
- (7) AoA program administrator (Congregate and Home-Delivered Meal Reimbursement)
Acct. 6000-149300
- (8) Pre-Admission Screening/Resident Review Acct. 6000-155500
- (9) Temporary Assistance to Needy Families (TAN F) Supports families caring for children who are being served through the CHOICE program
Acct. 3500-185200

5007.2 BUDGETS

(a) Budgets are prepared on as part of the area plan process for each AAA. The amount of the budget is constrained by the amount of funds allocated. With the prior written approval of the **FSSA DA**, an AAA budget may be modified in the contract year and during the closeout period of the contract.

(b) Contract amounts may be changed by use of two methods:

- (1) A formal contract amendment is required to increase or decrease the grand total amount of a contract.

(2) Service dollars may be shifted between service codes without increasing or decreasing grand-total contract amounts with an executive letter-modification amendment. The adjustment in a program area may consist of either of the following:

(A) a transfer within line items of a specific category (e.g., personnel to contracted services within Title III-C)

(c) Administrative dollars may be transferred to service dollars with no limits on the amount to be transferred. Program dollars may be transferred to administrative dollars within specific guidelines as listed below. Not more than 10% of the allocated dollars may be used for the administration of the programs.

(d) Specific guidelines govern each program area as follows:

(1) OAA (Title III-Grants for State and Community Programs on Aging)-10% of the federal grant is taken from Title III-B, Title III-C1, and Title III-C2 to establish Title III-A (local administration). Application of the IFF distributes the AAA's administration funds. In addition, the **FSSA DA** will consider a written request from an AAA to transfer up to 10% of an AAA's allocation under Title III-B, C-1, C-2 and Title III-E to Title III-A. Transfers may be made only after receipt of written approval from the **FSSA DA**. Title III-A must not exceed 10% of the total allocated Title III-B, C-1, C-2 and Title III-E allotments.

(2) OAA (Title VII-Allotments for Vulnerable Elder Rights Protection Activities)-Title VII dollars may not be used for administrative purposes. Funds made available under this title must supplement, and not supplant, any federal, state, or local funds expended to provide services prior to FY 2000.

(3) OAA (Title III-Chapter 3-Prevention of Elder Abuse, Neglect and Exploitation Funds received under Title III)-Chapter 3 may not be used for involuntary or coerced participation in services (i.e., services leading to court ordered nursing home placement).

(4) Social Services Block Grant (SSBG)-Use of SSBG funds for administrative duties is limited to 10% of the total aging grant.

(5) CHOICE-The combination of case-management and administration funds cannot exceed 20% of the total contract amount, excluding Medicaid Waiver administration.

(6) The total costs must not exceed 10% of the total contracted CHOICE budget.

(7) A waiver may be granted for an increase in funds above 10% for case management services, provided there is adequate proof of services expansion and improvement, as well as proof that case management services will benefit from the direct increase in the percentage (for growth of program).

(8) Older Hoosier Funds-The primary use of these funds is to provide a required match and/or support to the programs of Title III, Title V, and Title VII of the OAA.

The funds may be used in any proportion necessary to contribute toward meeting the matching requirements of the programs under the OAA. No minimum or maximum amounts are required to be used as match for any programs. The secondary purpose of these funds is to provide required matching funds (as approved by the **FSSA DA**) for programs administered by the **FSSA DA** or other agencies.

(9) OAA-Title V (Senior Community Service Employment Program) The allocation of administrative funds is a function of the number of slots per area against the available administrative funds from the grant. The allocation is 13% of the grant minus the amount reserved for state administration.

5007.3 CONTRACTS

(a) A contract is a written agreement between the DDRS and an AAA that describes the payment of money and responsibilities of the parties for the various federal and state programs for the delivery of services.

(b) Contract amounts are not negotiated but are a result of the allocation of funds based on respective funding formulas.

(c) A request for a contract is initiated by the **FSSA DA**. The document is prepared and sent to the AAA or service provider who signs and returns the document to **FSSA DA**.

(d) The term *request for a contract* references a specific act by the **FSSA DA**, namely the preparation of the Executive Document Summary (EDS). This is true for all funds or all contracts, even those that are the result of Request for Proposal (RFP) or Broad Agency Announcement (BAA).

(e) The document must also contain appropriate signatures from the director of **DDRS**, the Department of Administration, the State Budget Agency, and the Office of the Attorney General. A completed copy is mailed to the AAA or provider. The original contract is maintained by the **FSSA DA**.

5007.4 ALLOCATION OF FUNDS

The **FSSA DA** uses a specific formula in allocating dollars for each program to the AAAs. The following is a brief summary of each funding formula.

5007.4.1 FUNDING FORMULAS

(a) The Intrastate Funding Formula (IFF) is approved by the AoA and is included in the state plan.

(b) The IFF is the method used to allocate OAA funds to AAAs under the following:

(1) Title III-A for Local Administration

- (2) Title III-B for Supportive Services and Senior Centers
- (3) Title III-C1 for Congregate Nutrition Services
- (4) Title III-C2 for Home-Delivered Nutrition Services
- (5) Title III-D for Disease Prevention and Health Promotion Services
- (6) Title III-E for National Family Caregivers Support

(c) The IFF utilizes the most recent available census data consisting of 6 categories of the elderly (60 years of age and over) population. Those categories are as follows:

- (1) Older adults 60 years of age and over
- (2) Older adults below poverty
- (3) Older minority adults below poverty
- (4) Older adults living in rural areas
- (5) Older minority adults
- (6) Older adults with disabilities

(d) The IFF directs that certain proportions of funding be allocated to each category and also provides for a base of funding. The IFF provides limitations on how much of an increase or decrease in funding an AAA can receive from one year to the next.

(e) Title VII (Ombudsman) of the OAA distributes the funding based upon the number of nursing home beds per county, while outreach counseling under Title VII and Title III-F uses only the funding factor of the IFF. The other portion of Title VII, Protective Services for the Elderly, is awarded to county prosecutors based upon the number of square miles in the area and the number of cases reported to the **FSSA DA** on an annual basis.

(g) The SSBG formula distributes 80% of the funds utilizing the IFF and 20% of the funds using the CHOICE funding factor for the non-elderly.

(h) Title V utilizes authorized slots as provided by the Department of Labor.

(i) The AAA shall maintain financial and accounting records that identify costs attributable to each service code specified (see Appendix II for the **FSSA DA** Service Codes).

(j) Additional fiscal requirements may be stipulated for the AAA by the **FSSA DA** should it determine that the AAA:

- (1) is financially unstable;
- (2) has a history of poor performance or accountability; and

(3) has a management system that does not meet the standards required by the state of Indiana or the federal government.

(k) The **FSSA DA** shall notify the AAA of the nature of the additional requirements, and the reasons for imposing them, as well as specify the corrective action needed.

(l) The AAA shall further maintain a written cost-allocation methodology accepted by the **FSSA DA** that identifies procedures for attributing costs to each service code.

(m) The *Medicaid Waiver Administration* refers to time spent in performing activities related to the determination of an individual's eligibility for services under the Indiana home and community-based waivers, approved by the Centers for Medicare and Medicaid Services (CMS) in the following cases:

(1) the individual was determined to be ineligible for Medicaid Waiver services;

(2) there was a delay in placing an eligible individual in a slot for services to begin due to the limited number of individuals that the state is authorized to serve on each Medicaid waiver; and

(3) as defined by federal or state regulations and/or policy.

(n) The AAA shall maintain the funds received from the **FSSA DA** pursuant to the contract in identifiable bookkeeping accounts, and the AAA shall use funds solely for the purposes set forth in the contract agreement (see Appendix II - **FSSA DA** Service Codes).

(o) A single checking account is acceptable, but the AAA records shall identify the source of each revenue and expenditure.

5007.4.2 AAA PROVISIONS FOR EXPENDITURES

(a) The AAA, including Adult Protective Services Providers (and any other provider) shall do the following:

(1) abide by the Generally Accepted Accounting Procedures (GMP) and practices that sufficiently and properly reflect all costs incurred by the AAA pursuant to the contract agreement;

(2) not incur any costs against the contract after the specified expiration date. Claims must be submitted to the **FSSA DA** within **60** calendar days after the date costs are incurred. If all final claims and reports are not submitted to the **FSSA DA** within **60** days after the expiration or termination of the contract, the **FSSA DA** may elect to deny payment. At the time the final claim is submitted, all unexpended grant funds must be returned to the **FSSA DA**.

(3) Upon written demand by the **FSSA DA**, the AAA may be required to repay the **FSSA DA** all sums paid by the **FSSA DA** to the AAA for which adequate fiscal and/or service-delivery documentation is not in existence for any time period that has been audited. If an audit of the AAA results in an audit exception, the **FSSA**

DA shall have the right to do the following, pending resolution between the parties of any disputed amount:

- (A) set off such amount against current or future allowable claims;
- (B) demand cash repayment; and
- (C) withhold payment of current claims in a like amount.

(4) Acknowledgement by the **FSSA DA** that no funds are available to the AAA pursuant to the contract agreement:

- (A) for the present fiscal year may be transferred for use in the next fiscal year; and
- (B) for the next fiscal year may be transferred or used by the AAA for costs incurred in the present fiscal year.

5007.5 PROGRAM INCOME AND CONTRIBUTIONS

CHART 14

United States Code, 42 USC 3030c-2 (b) (1) Voluntary contributions shall be allowed and may be solicited for all services for which Title III funds are received, provided that the method of solicitation is non-coercive.

- (a) Free and voluntary contributions from individuals receiving Title III funded services, shall be used to expand such services and shall be regarded as program income. ¹
- (b) Program income earned by the AAA provided through the contract must be maintained and expended by the AAA in the program from which the income was derived in accordance with applicable state and federal program rules, regulations, and policies.
- (c) Program income earned during the contract year shall be retained by the AAA. Program income is to be used for growth of the program and must be expended before federal funds can be expended.
- (d) Interest on grant funds, rebates, credits, discounts, and refunds earned by the AAA on funds provided pursuant to the contract must be maintained and expended by the AAA in accordance with applicable state and federal program rules, regulations, and policies.
- (e) The AAA must maintain and provide to the **FSSA DA** an accounting of all program income, including interest on grant funds, rebates, credits, and discounts earned as a result of and during the term of the contract.

5007.5.1 FEES

- (a) The AAAs and Service Providers shall not devise a 'means test' for any service for which contributions can be accepted.
- (b) The AAAs or any Service Providers shall not deny service to any older adult or person with disabilities for not making a contribution toward the cost of the received services.
- (c) Each AAA shall account for all program income received and expended under the approved area plan and shall monitor the procedures developed by the Service Provider to receive, bank, and disburse program income.
- (d) The AAAs and service providers shall impose no fees upon the clients for any services provided through the contract without the prior written approval of the **FSSA DA**.
- (e) Notwithstanding the previous paragraph, the AAA shall acknowledge that certain clients are required to pay for all or a portion of the services provided to the client

¹ Code of Federal Regulations, 45 CFR 1321.67 (b) (1) (2)

through the CHOICE program (commonly referred to as a *cost share*) using the formula developed by the **FSSA DA**.

(f) The AAA shall compute any cost share owed by clients receiving CHOICE services. The AAA shall claim from the **FSSA DA** the actual cost of services rendered to CHOICE clients, less the cost share amount collected by the AAA (or provider) from clients.

5007.5.2 ALLOWABLE USES OF PROGRAM INCOME

(a) Service Providers are permitted to use contributions toward expanding the service for which the contributions were given by following either:

- (1) the Addition Alternative as stated in 45 CFR 92.25(g) (2); or
- (2) the Cost Sharing Alternative as stated in 45 CFR 92.25(g) (3); or
- (3) a combination of the two Alternatives.¹

5007.5.3 THE FSSA DA PROCEDURES REGARDING CONTRIBUTIONS

(a) The **FSSA DA** shall require each AAA to report all program income including voluntary contributions, in-kind contributions and contributions received by the AAAs and Service Providers from older adults or persons with disabilities.

(b) Contributions received by the AAAs and Service Providers from older individuals or individuals with disabilities shall be monitored by the **FSSA DA** to assure the contributions are applied to expand or increase services for which the contributions were intended.

(c) The AAA's shall:

- (1) define allowable uses of voluntary contributions to its Service Providers;
- (2) require each Service Provider to make provisions for contributions to be made by clients receiving the service and to encourage such contributions;
- (3) monitor the Service Provider in the provision for, the receipt of, the accounting for, and that the disbursement of all contributions. The Service Provider is informing the client of the total cost of the service; and
- (4) make sure the privacy of the contributor and the contribution is maintained and that the Service Provider is informing older adults and persons with disabilities of the total cost of the service.

¹ Code of Federal Regulations, 45 CFR 1321.67 (b)(2)

5007.5.4 SERVICE PROVIDERS POLICY AND PROCEDURES REGARDING PROGRAM INCOME

(a) Service Providers shall do the following:

(1) provide an opportunity for clients receiving services, under the OAA, to make voluntary and free contributions for the service being received based on:

(A) a determination made entirely by the individual; and

(B) information provided about the total cost for a Unit of Service.

(2) initiate a system or method, such as providing envelopes when appropriate, by which the contributor can make a contribution without the knowledge of other persons, to maintain the contributor's privacy. The Service Provider shall in no manner give the impression that there is a charge for the service being received; and

(3) make sure no older adults or persons with disabilities eligible to receive any service funded with OAA money will be denied service because of failure to contribute to the support of that service.

5007.5.5 IN-KIND CONTRIBUTIONS

(a) Third party in-kind contributions are property or services:

(1) that benefit a Title III supported service or program; and

(2) is contributed by non-federal third parties without charge to the AAA or Service Provider.

(b) Third party in-kind contributions represent the value of non-cash contributions and may be in the form of:

(1) charges for real property; or

(2) the value of donated goods or services that directly benefit and are specifically identifiable to the service or program.

(c) Third party in-kind contributions shall be allowable as match or support for federal grants:

(1) if they are utilized to benefit a project or program; and

(2) if the AAA or Service Provider would otherwise have to pay for the goods and services.

(d) Costs and third party in-kind contributions counting towards satisfying a matching requirement must be verifiable from the records of grantees and sub-grantee or cost -- type contractors.

(e) These records must show how the value placed on third party in-kind contributions was derived. To the extent feasible, volunteer services will be supported by the same methods that the organization uses to support the allocability of regular personnel costs.¹

(f) A third party in-kind contribution shall not count as direct cost sharing or matching where, if the AAA or Service Provider receiving the contribution were to pay for it, the payment would be an indirect cost.

5007.5.6 THE FSSA DA PROCEDURES REGARDING IN-KIND CONTRIBUTIONS

The **FSSA DA** is to complete the following procedures:

- (1) require each AAA to develop a system that will account for and report all allowable in-kind contributions received by an AAA or a Service Provider that match or support federal grants under the OAA;
- (2) require each AAA to report semiannually, as appropriate, in financial reports, the amount of all in-kind contributions utilized in the provision of services; and
- (3) monitor the system developed by the AAA and periodically review the AAA's documentation on in-kind contributions.

5007.5.7 AAA POLICY AND PROCEDURES REGARDING IN-KIND CONTRIBUTIONS

(a) The AAA shall indicate all allowable in-kind contributions in the area plan and budget or revisions and shall report in-kind expenditures to the **FSSA DA** on a quarterly basis as required. Adequate documentation of the origin of the in-kind contribution shall be maintained in the AAA's files.

(b) The AAA shall consult with the relevant Service Providers and older adults in the AAA's PSA, to determine the best method for accepting voluntary contributions.²

5007.5.8 SERVICE PROVIDER POLICY AND PROCEDURES REGARDING IN-KIND CONTRIBUTIONS

(a) Service Providers shall include all third party allowable in-kind contributions in proposals or grant applications to AAAs and report in-kind expenses as required.

(b) Service Providers shall maintain adequate records of all allowable in-kind contributions and provide appropriate documentation for review by the AAAs as required.

(c) In-kind contributions used as support need not meet the requirement that the provider could pay for the service if the service expands the program.

¹ United States Code, 42 USC 3030c 2(b)(2)

² United States Code, 42 USC 3030c 2(b) (2)

5007.5.9 CARRYOVER FUNDS

(a) It is the policy of the **FSSA DA** to encourage full expenditure of the contracts as appropriate within the contract period. Carryover funds are defined as those dollars remaining in a contract following the closeout of the contract. These funds can be made available in subsequent fiscal periods, subject to any state or federal rules. Only Title III A - E and Title VII are affected by this provision. The SSBG funding source is at the discretion of the **DDRS** director. Carryover cannot be assured for any of these programs.

(b) The AAAs need to submit to the **FSSA DA** closeout reports documenting carryover amounts before the **FSSA DA** can grant the AAA the use of the carryover funds.

(c) The **FSSA DA** reserves the right to retain any or all carryover dollars, including the right to distribute the carry-over dollars by the applicable allocation formula.

5007.5.10 MATCHING FUNDS

(a) Programs under Title III, Title V, and Title VII of the OAA require that federal funds be matched by state and/or local funds.

(b) The AAA shall report the expenditure of non-federal matching funds to the **FSSA DA** on a periodic basis, in compliance with the matching-fund requirement.

(c) The percentage of matching state and/or local funds to federal funds is as follows:

Title	Federal Funds	Matching Non-Federal Funds (State and Local)
III-A	85%	15%
III-B	85%	15%
III-C	85%	15%
III-D	85%	15%
III-E	75%	25%
V	90%	10%
VII	85%	15%

(d) As long as the minimum amounts are secured, the mixture of the funds i.e., how much of the match is local or how much of the match is state) is optional. Matching funds can be monetary, in-kind or state and local monies. No federal funds can be used as match for these programs or for the purpose of securing other funding from the state of Indiana or the United States government.

(e) Adult Guardianship Services, a state funded program, requires that state funds be matched by local funds. The percentage of matching local funds to state funds for adult guardianship services are as follows:

State Funds	Matching Local Funds
75%	25%

(f) Adult Protective Services, a state funded program, requires that state funds be matched by local funds. The percentage of matching local funds to state funds for Adult Protective Services is as follows:

State Funds	Matching Local Funds
75%	25%

5007.6 SERVICES

Specific programs administered by the **FSSA DA** place restrictions on services or minimum/maximum amounts that must be spent.

(1) Title III-B

Key service areas must be budgeted to spend a minimum amount, which is a percentage of the allocation and prior year carryover. These percentages are as follows:

(A) 40% for access services, which includes the following:

- (i) case management;
- (ii) information and assistance;
- (iii) outreach;
- (iv) transportation; and
- (v) assisted transportation.

(B) 15% for in-home services, which includes the following:

- (i) adaptive services;
- (ii) adult day care;
- (iii) attendant personal care;
- (iv) homemaker; and
- (v) other services necessary to prevent institutionalization.

(C) 3% for legal services (Legal Assistance)

(D) 3% for ombudsman services (Long-Term Care Ombudsman services)

5008 ADULT PROTECTIVE SERVICES FISCAL POLICIES AND PROCEDURES APPLICABLE TO FSSA DA CONTRACTS (2005 COMPLIANCE)

5008.1 ADULT PROTECTIVE SERVICES FUNDING ACCOUNT

Adult Protective Services Acct. 1000-122740 5008.2 - ADULT PROTECTIVE SERVICES BUDGETS

5008.2 ADULT PROTECTIVE SERVICES BUDGETS

(a) Budgets are to be prepared on an annual basis as part of the contracting process. The amount of the budget is constrained by the amount of funds allocated to each prosecutor's district(s) covered in the contract.

(b) With the prior written approval of the **FSSA DA**, a prosecutor's district(s) budget may be modified in the contract year and during the closeout period of the contract.

(c) A formal contract amendment is required to increase or decrease the amount of a contract.

5008.3 ADULT PROTECTIVE SERVICES FUNDING FORMULA

(a) A contract is a written agreement between the **FSSA DA** and a County Commissioner and/or Prosecutor that describes the payment of money and responsibilities of the parties for the various federal and state programs for the delivery of services.

(b) Contract amounts are not negotiated but are a result of the allocation of funds based on respective funding formulas. A request for a contract is initiated by the **FSSA DA**. The document is prepared and sent to the AAA or service provider who signs and returns the document to the **FSSA DA**.¹

(c) The document must also contain appropriate signatures from the director of **DDRS**, the Department of Administration, the State Budget Agency, and the Office of the Attorney General. A completed copy is mailed to the AAA or prosecutor's office. The original contract is maintained by the **FSSA DA**.

5008.4 DISTRIBUTION OF ADULT PROTECTIVE SERVICES FUNDING FORMULA

(a) Funding will be distributed based on the Intrastate Funding Formula (IFF) county distribution table to be developed for use with the Adult Protective Services program,

¹ **Special Note:** The term *request for a contract* references a specific act by DOA, namely the preparation of the Executive Document Summary (EDS). This is true for all funds or all contacts, even those that are the result of RFPs or BAAs.

using a cross section of adults for which services were rendered during the prior fiscal year.

(b) This procedure will be instituted with the inception of the FY 2006 contracts. Current contract funding at the time of this publication was determined based on previous patterns and statistics.

5008.4.1 ADULT PROTECTIVE SERVICES PROSECUTOR PROVISIONS FOR EXPENDITURES

See 5007.4.2 - AAA Provisions for Expenditures.

5009 FISCAL POLICIES AND PROCEDURES APPLICABLE TO ALL THE FSSA DA CONTRACTS (AAA SPECIFIC)

5009.1 INSURANCE AND BONDING

(a) The provider shall provide general liability insurance coverage in a minimum amount of \$500,000 for bodily injury and property damage. The grantee (usually the AAA) shall also secure insurance in amounts sufficient to reimburse the grantee for damage to any property purchased with state funds. The **FSSA DA** may at its discretion require the grantee to furnish additional or different insurance or bonding coverage.

(b) When the provider is a department or division of the state of Indiana or of a county or local government, the foregoing insurance coverage shall not be required; however, the grantee may elect to provide such coverage. The grantee shall provide for workers' compensation and unemployment compensation as required by Indiana law.¹

(c) The AAAs must provide the **FSSA DA** with certificates of insurance that illustrate the following, in regards to AAA insurance policies:

- (1) the types of coverage;
- (2) the limits of liability; and
- (3) the expiration dates.

(d) The AAA shall provide a bond or insurance coverage for all persons who will be handling funds or property as a result of the contract or who may carry out the duties specified in the contract:

- (1) in an amount equal to one-half of the total annual funding provided to the AAA through the state; or
- (2) in the amount of \$125,000, whichever is less, to be effective for the period of the contract plus three years for purposes of discovery.

(e) The provider's coverage must do the following:

- (1) provide protection against losses resulting from criminal acts and wrongful and negligent performance of the duties specified in the contract; and
- (2) specify the state of Indiana as an obligator or additional insured.

(f) The AAA shall immediately notify the **FSSA DA** if the amount of the bond or insurance is canceled or modified. In the event of cancellation, the **FSSA DA** shall make no further disbursements until certification is provided by a bonding or

¹ Indiana Code, IC 22-3-2 and IC 22-4

insurance company that the provisions set forth in this section have been satisfied.

(g) In the event such verification is not received by the **FSSA DA** within 10 days of the notice of cancellation, the AAA shall agree to return to the **FSSA DA** the balance of all money paid to the AAA by the **FSSA DA** under the contract. The **FSSA DA** may at its discretion require the AAA to furnish additional or different bond or insurance coverage.

5009.2 PROCUREMENT

(a) The **FSSA DA** and the AAAs shall adhere to the procurement policies defined in the following to procure real and personal properties and services:

- (1) Family and Social Services Administration Procurement Procedures Manual; and
- (2) Code of Federal Regulations, 45 CFR, Part 74, Appendices G and H.

5009.2.1 PROCUREMENT GUIDELINES

(a) Maintaining documentation of acquisitions is recommended to foster confidence in the administration of public funds. Open competition is our best tool in maintaining accountability. In addition, with proper specifications and research, the best products and services may be obtained at the best price possible.¹

(b) Open competition or competitive bidding, is a process used to determine the lowest most responsive vendor. Open competition is obtained by alerting the vendor community to a need defined by the purchaser. Information can be distributed in a variety of methods, including phone quotations, written quotations and sealed bids.

(c) Information concerning ethics guidelines and Request For Proposals (RFP's has been taken from the Indiana Department of Administrations (IDOA) procurement manual and can be used as examples for processing acquisitions. The IDOA Procurement guidelines are available at <http://www.in.gov>. Information found at the IDOA website can be useful in assisting with procurement policies.

(d) The FSSA and the FSSA DA are State Agencies and are required to follow all² procurement codes, laws, (specifically IC 5-22) and procedures. It is highly recommend that any funds obtained from FSSA should also be contracted in accordance with policies that follow Indiana Code 5-22. The **FSSA DA** and the AAA's are not required to process purchases through IDOA, however, if an acquisition is processed through IDOA all current

¹ Added 5/13/05

² Added 5/13/05

procurement codes and procedures will apply.

(e) The following recommendations are to assist with obtaining goods and services at competitive prices. It is important that the funding source be considered when making a purchase. Certain additional guidelines may or may not¹ apply relevant to the funding source (state, federal, or local).

(f) For example most federal funds must be contracted in accordance with the Office of Management and Budget (OMB) Circulars. You must meet the minimum requirement regarding purchases for that funding source. It is essential that the AAA follow guidelines set up by the funding source. Depending on the estimated price, (you may obtain informal estimates from vendors to determine a base cost), the following procedures apply:

(1) on all purchases, minority and women vendors should be actively sought for quotations. A good faith effort must be made for each acquisition for minority business participation. The **FSSA DA** or the AAA's may contact the Minority Business Development area of IDOA for information on assistance in seeking minority vendors. MBD has a directory of minority vendors available. For this information, please call at (317) 232-3061 or visit the Internet web site at <http://www.in.gov>. Additional information on Minority Business is available in Chapter 19 of the IDOA Procurement Manual, found at the above web site;

(2) Purchases of \$01-\$4,999 do not require formal competition. It is recommended that informal methods be used to ensure a fair and reasonable price is obtained. Informal methods include; catalogs, sale flyers, and phone quotes. It is recommended that a brief notation explaining how and why the vendor was chosen and the purpose of the purchase be kept with the receipt, along with any other documentation of the purchase;

(3) Purchases of \$5000-\$9,999 require either informal or formal competition. Informal methods can be phone quotes, sale flyers or catalogs, however if these methods are used, written documentation listing vendor and price should be maintained in the purchase file. You may also obtain written quotations, by faxing or mailing your requirements to several vendors. All vendors should receive identical requests for quotation to ensure all vendors have the same information available to prepare a response. It is recommended that at minimum, three vendors be contacted to ensure proper competition. No vendor should be given any information concerning the purchase unless the information is shared with all vendors;

(4) Purchases of \$10,000-\$24,999 should be obtained by written quotations and evaluated based on specifications and price. Vendors should be given a reasonable amount of time to respond to quotations; a minimum of 7 days is recommended, unless there are time constraints

¹ Added 5/13/05

that should be noted in the purchase file; and

(5) Purchases over \$25,000 should be obtained through written quotations, with public notification provided in several newspapers or other publications. Advertisements in newspapers and on the Internet are good tools for seeking out available vendors. The Internet is useful as a search tool to check vendor availability for a product or service.

(6) Procurements may be required to be justified. The more information that reflects an open and competitive process, the safer it will be if challenged on a selection of a vendor.

5009.2.2 THE FSSA DA POLICY AND PROCEDURES CONCERNING PROCUREMENT

(a) The **FSSA DA** shall monitor, assess, evaluate, and provide technical assistance and training on procurement for the AAAs.

(b) The **FSSA DA** shall also abide by the regulations of the following entities that are consistent with 45 CFR, Part 74:

- (1) the Indiana Department of Administration;
- (2) the State Budget Agency;
- (3) the State Board of Accounts; and
- (4) the Attorney General.

5009.2.3 AAA POLICY AND PROCEDURES REGARDING PROCUREMENT (APPLICABLE TO AAAs ONLY, NOT CONTRACTS WITH OTHER PROVIDERS)

(a) All grant applications to the **FSSA DA** shall identify the following:

- (1) real properties and/or facilities to be acquired, altered, renovated, or constructed;
- (2) the probable costs of the acquisition, alteration, renovation, or construction of real properties and/or facilities; and
- (3) the rationale for acquiring, altering, renovating, or constructing real properties and/or facilities.

(b) AAAs and their service providers shall have and implement procurement policies and procedures that shall be consistent with 45 CFR Part 74, Appendices G and H.

5009.3 EQUIPMENT

(a) Equipment is tangible, nonexpendable personal property, including exempt property charged directly to the grant award by an AAA, having the following:

- (1) a useful life of more than one year; and
- (2) an acquisition cost \$5000 or more per unit.

5009.3.1 EQUIPMENT PURCHASES

(a) The **DDRS** will consider approval for the purchase of equipment for an item costing \$5000 or more only after a procurement request, accompanied by copies of 3 written price bids, is submitted to and approved by the **FSSA DA**.

(b) Requests to procure from an entity at a price above lower price estimates must have justification. If 3 bids are not available, an AAA shall request a waiver regarding the requirement for 3 written price bids. (FSSA Procurement Procedures Manual, Subgrantee Procurement Policy)

(c) For purchases of equipment, an AAA must request approval and have approval granted in advance of the purchase.

(d) Purchases completed without approval will not be considered for reimbursement.

5009.3.2 PURCHASES OF VEHICLES

(a) To ensure compliance with federal regulations, the **FSSA DA** by contract must be a lien holder on all vehicles purchased with funding obtained through the **FSSA DA**.

(b) When a vehicle has been purchased by an AAA, the original title of the vehicle title document shall be sent to the **FSSA DA**.

(c) The **FSSA DA** will forward the vehicle title document to the legal division of **DDRS** to ensure that the lien-holder information is in order.

(d) At the discretion of the **FSSA DA**, the vehicle title may be changed to reflect the state as the lien holder if more than 50% state or federal funds are used for the purchase of the vehicle.

5009.3.3 EQUIPMENT INVENTORY RECORDS

(a) The AAA shall maintain all records relative to the contract:

(1) During the effective period of the contract and for a period of three years from the date the AAA submits its final claim to the **FSSA DA**; or

(2) One year from the resolution of any outstanding administrative, program, or fiscal audit question; or legal action; whichever is later.

(b) The retention period for records relating to any equipment authorized to be purchased through the contract begins on the date of the disposition, replacement, or transfer of ownership of such equipment.

(c) Upon request, the provider shall maintain and provide to the **FSSA DA** a schedule of the following, in the provider's possession, purchased with federal or state funds:

(1) all inventory;

(2) all capital equipment; and

(3) any unusable property.

(d) The schedule shall include the following:

(1) a brief description of the property;

(2) a serial number or other identification number of the property;

(3) the funding source under which the property was purchased;

(4) the name of the entity in which title to the property is vested;

(5) the acquisition date and cost of the property;

(6) the percentage of federal and/or state participation in the cost of the property;

(7) the location, use, and condition of the property; and

(8) any ultimate disposition data, including the date of disposal and sale price upon disposition.¹

¹ **DDRS Contract**

5009.3.4 DISPOSAL OF PROPERTY

(a) The provider shall not dispose of, replace, or transfer any equipment authorized to be purchased with funding obtained through the **FSSA DA**, without the express written approval of the **FSSA DA**.¹

(b) Money received from the sale of property used to provide a service or program shall be used toward the cost of the service, or to expand such services, and shall be regarded as program income.

5009.3.5 DISPOSAL OF VEHICLES

If a provider at any time requests approval for disposal, transfer, or replacement of a vehicle and is granted written approval, the **FSSA DA** will release the lien.²

5009.4 AUDITS

It is the responsibility of the **FSSA DA** to provide accurate, current, and complete disclosure of the financial results of each project or program in accordance with the financial reporting requirements of the grant. In adhering to this responsibility, the **FSSA DA** requires all grantees to follow procedures outlined in the "boilerplate" of contracts with regard to reporting requirements.

5009.5 CLAIM REIMBURSEMENT POLICIES AND PROCEDURES

The **FSSA DA** maintain certain procedures and policies regarding claim reimbursement for service providers and the AAAs. Any questions not addressed in this section of the Operations Manual regarding claim reimbursement policies and procedures may be submitted to the **FSSA DA** director.

5009.5.1 HOW TO FILL OUT CLAIM FORMS

The appropriate claim forms are to be used for reimbursement for expenses incurred by the grantee. These claim forms are to be filed based on actual expenses incurred in the process of carrying out the duties listed in the grantee-obligatory portion of an executed contract. By submitting this claim form, the grantee is pledging that the conditions of the contract have been fulfilled and that all amounts claimed are legally due for reimbursement.

¹ **DDRS Contract**

² FSSA Legal Division Memo – November 14, 1994

5009.5.2 LOST CLAIMS PROCEDURES

(a) It is necessary that grantees keep copies of each claim. If a claim has not been reimbursed to the grantee within 20 business days from the date of submission, it is correct to conclude the claim has possibly been misplaced during the payment process.

(b) Grantees can contact the fiscal manager of the **FSSA DA** by phone or e-mail with this problem. A second set of originals may be asked for at that time to be submitted to the claims processing area by the fiscal manager of the **FSSA DA**. Lost claims will be expedited as soon as possible.

5009.5.3 LATE CLAIMS PROCEDURES

Tardy claims submitted beyond the 90-day limit will need to be approved under the late claims procedures set forth by FSSA financial management in Bulletin 5, revision date, January 1, 2004. This added procedure will require from the provider a letter listing the barriers that prevented timely submission of the claim. Approval or denial of late claims is at the discretion of the **FSSA DA** and financial management directors.¹

¹ Claims submitted beyond the **60** day limit will need to be approved under the late claims procedures set forth by FSSA financial management in Bulletin 5.

More Information can be found in:

Older Americans Act of 1965, as amended in 2000 325(b) (1)-(4)

Code of Federal Regulations

45 CFR Part 74 - Administrative requirements for Non-Profit Corporations

45 CFR Part 92 - Administrative Requirements for State and Local Governments

45 CFR 1321 Title III Regulations

45 CFR 1321.67

United States Code 42 USC 3030c-2

P.L.106-501

Circular A-87 Cost Principles for State and Local Government Circular A-122

Cost Principles for Non-Profit Organizations Circular A-133 Audits of States,
Local Governments and Non-Profit Organizations

Indiana Code

Title 12 and Title 460

Websites

Administration on Aging – <http://www.aoa.gov>

Access Indiana – <http://www.state.in.us>

Indiana Association for Area Agencies on Aging – <http://www.IAAA.org>

GPO Access – <http://www.access.gpo.gov>

SECTION 6

6000 THE **FSSA DA** DATA MANAGEMENT SYSTEMS

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CHART 15

ILLUSTRATION OF THE DATA UPLOAD PROCESS

¹ Added 5/13/05

6000 DATA MANAGEMENT

The **Division of Aging** collects client, fiscal and provider data generated by the Area Agencies on Aging (AAAs).

6001 ADMINISTRATIVE SERVICE UNIT

(a) The Administrative Services Unit (ASU) provides support and monitoring services to the **Division of Aging**. The ASU has responsibility for the maintenance of supplies, equipment, management and data systems, and procedures to assure an informed and prepared staff, to carry management, supervisory, and program responsibilities. Included, but not limited to these services are:

- (1) development and maintenance of policies, procedures, and manuals;
- (2) personnel and Human Resource needs;
- (3) red folder correspondence;
- (4) data management;
- (5) use of data reports;
- (6) development and maintenance of manuals;
- (7) equipment and supplies;
- (8) orientation of staff;
- (9) development and technical support of data-based applications;
- (10) assistance (trouble shoot) with office equipment problems, including PC;
- (11) research and assistance with laws, rules, and procedures;
- (12) printing request;
- (13) purchasing of equipment and supplies;
- (14) consultation and technical assistance on Agency, State and Federal laws, rules, and procedures;
- (15) maintain information on Website (Access Indiana); and
- (16) oversee HIPAA compliance.

6002 DATA MANAGEMENT UNIT

(a) The ASU manages the data and regularly produces reports for distribution and review in response to information requests from a variety of sources, including requests from the **FSSA DA** and from outside State government. These reports and queries typically contain client count and fiscal calculations for the programs administered through the **FSSA DA**.

(b) A goal of this report generation is to establish consensus and consistency of responses to information requests. These reports are also used in conjunction with reports from other divisions that monitor the same population of clients. The ASU represents the **FSSA DA** for all data management related activities, meetings and committees.

6003 COMPUTER SOFTWARE MANAGEMENT SYSTEM (CSMS)

(a) The Administrative Services Unit (ASU) uses a computer software management system (CSMS) to facilitate the collection and organization of client information and provider data.¹

(b) At the local level, the AAA's use CSMS application to input client data. There is a contractual arrangement between the Division of Aging and the AAAs that this application is used to collect client data.²

(c) Data is uploaded to the FSSA Division of Aging, on a daily basis for inclusion in the **FSSA DA** program. This data provides the basis for reports and for queries developed by the **FSSA DA** in response to information requests. (See data flow chart for specific method of data transfer.)

6003.1 OTHER USES FOR COMPUTER SOFTWARE MANAGEMENT SYSTEMS

(a) **FSSA DA** staff also use the computer software management system (CSMS) to:

- (1) retrieve information;
- (2) modify client records;
- (3) delete or add client data; and
- (4) review case information.

(b) Currently, the CSMS contains a registry of the following documents:

- (1) A & D Renewal -2003
- (2) Adult Day Service Manual
- (3) Assisted Living Manual
- (4) Autism Waiver Manual
- (5) **FSSA DA** Bulletins
- (6) **FSSA DA** Operations Manual
- (7) BDDS Policy and Procedures Manual
- (8) BQIS Annual
- (9) Providers\Case Management Survey
- (10) CHOICE Guidelines and Procedures
- (11) DD Bulletins
- (12) DD Waiver Manual
- (13) DDP Instructions
- (14) EDS Bulletins

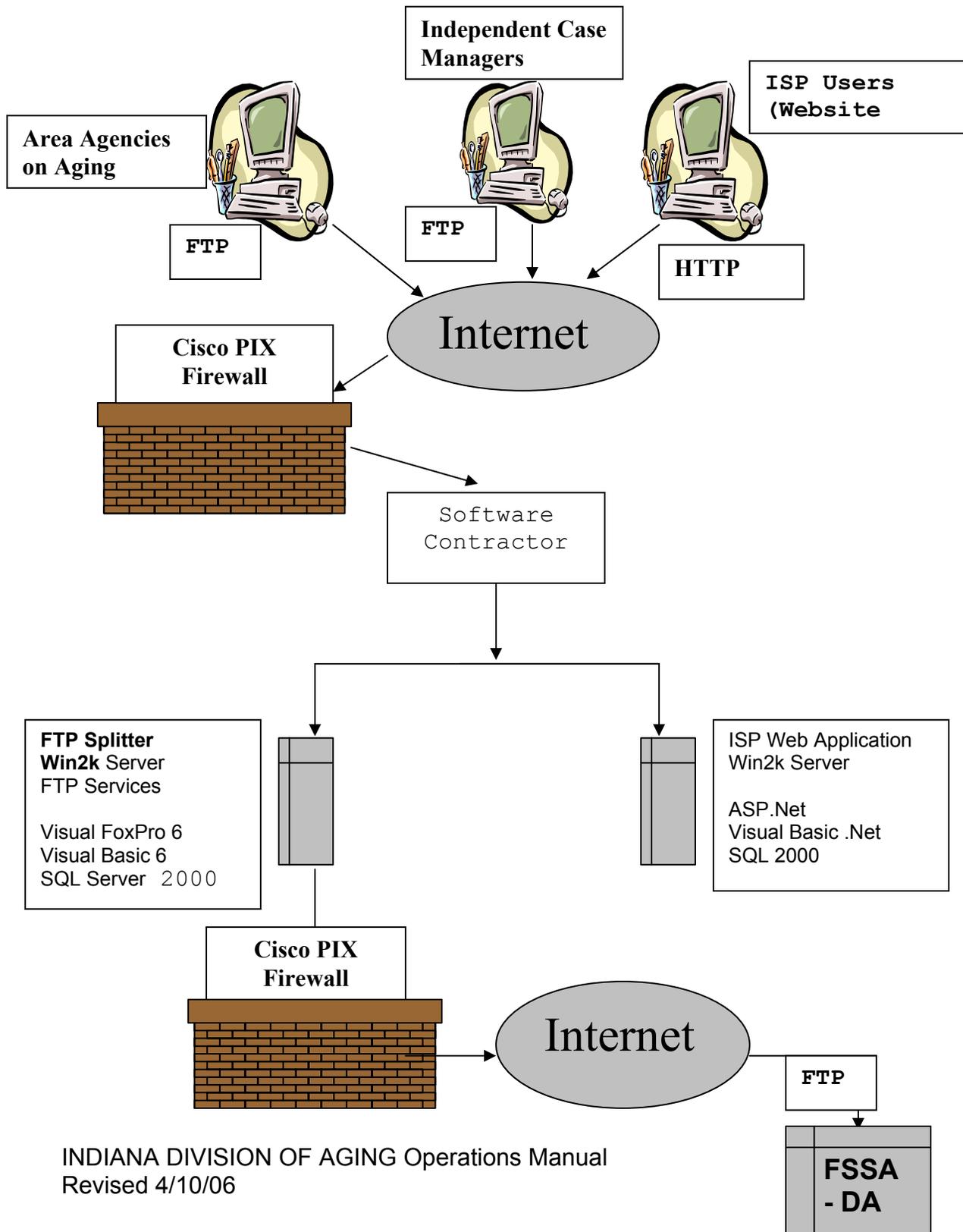
¹ The current software contractor is the Roeing Corporation and the current system in use is called INsite

² DDRS/**ID**/AAA Agreement Contract 2004, General Provisions Section, Paragraph 1

(c) The CSMS may add new documents to the registry, when the need is made evident.

CHART 15

Illustration of the Data Upload Process



6003.2 REPORTS AND QUERIES

The **FSSA Division of Aging** regularly uses client centered data in the administration and oversight of in-home and community-based services. Data used in reports and queries include, but are not limited to information regarding:

- (1) Gender
- (2) Age
- (3) Disability
- (4) Household Income
- (5) Demographics
- (6) Service Costs
- (7) Providers
- (8) Family Size
- (9) Payor (Funding Source)

6003.3 AD-HOC REQUESTS AND QUERIES

(a) Information requests which cannot be answered through the use of standard report methods, are referred to as *ad-hoc requests*, or *queries*. Since these types of information requests are one-time requests in response to specific questions or needs that are outside the scope of normal report production. These requests are handled in 3 ways:

- (1) A query is written by the ASU using raw data. The ASU staff have experience utilizing the query language which manipulates the CSMS data.
- (2) If the ad-hoc query is too complicated for an in-house query, a request is made to the software contractor to have the query written.
- (3) When standard reports are run or ad-hoc queries are written in response to information requests, the unit identifies for the requestor, within reason, the report source and logic. This is an attempt to maintain understanding and consistency in report production.

6003.4 TECHNICAL SUPPORT

(a) The ASU also provides technical support, including:

- (1) Software installation for the **FSSA Division of Aging** and other staff.
- (2) Configuring user computers to allow the appropriate operation of the software.
- (3) Assigning user names, passwords and level of access for the **FSSA Division of Aging** staff.

- (4) Performing updates to the software as instructed by the software contractor.
- (5) Troubleshooting software/hardware issues for the **FSSA Division of Aging** in conjunction with the software contractor and DTS.

6003.5 SOFTWARE CONTRACTOR LIAISON

The contractor will notify ASU when the system is taken off line for program modification, updates or maintenance.

6003.6 EDS/MARS (ELECTRONIC DATA SYSTEMS/MANAGEMENT AND REPORT SYSTEM)

Expenditure information for the Medicaid Model Waivers is obtained from the EDS/MARS system. The CSMS is not used for cost information for the waivers, since the costs contained therein are estimated only.

6003.7 RELATED FSSA DA SOFTWARE SUPPORT

The ASU supports a variety of in-house software applications developed by the ASU, in response to **FSSA DA** needs. Where appropriate, new applications may be developed and maintained according to the **FSSA DA** need.

6004 AAA RESPONSIBILITIES

- (a) The **FSSA DA** must have the most current client data in order to utilize report features and to develop queries of its own when necessary.
- (b) The AAAs will provide data regarding IN-HOME services to the **FSSA DA** by means of the specified data reporting system on a daily basis and the NAPIS system on a monthly basis. All data transmissions to the **FSSA DA** for the NAPIS system data are to be completed on the 15th of each month. The method and manner of providing the data will be prescribed by the **FSSA DA** and shall include the unduplicated count of clients, services by type, number of services and frequency of services, funding source, and number of providers. All software updates provided by the software contractor must be installed by each AAA within 15 days of receipt to ensure accurate data transmissions to the **FSSA DA**. If a software failure occurs that would effect the transmission of data to the **FSSA DA**, the AAA must notify the **FSSA DA** within a 15 day period, starting from the date of the first software failure.

6004.1 AAA DATA ENTRY COMPLETION TIME FRAMES

(a) Area Agency on Aging time frames for data entry has been established as such:

(1) the AAAs shall provide data regarding In-Home Services to the **FSSA DA** on a daily basis;¹

(2) the AAAs shall conduct consumer satisfaction surveys of consumers, per funding source of consumers receiving In-Home services using the Quality Improvement Program prescribed by the **FSSA DA**. The data shall be submitted to the **FSSA DA** on a quarterly basis in a method and manner prescribed by the **FSSA DA**;² and

(3) National Aging Programs Information System (NAPIS) data transmitted to the **FSSA DA** by the AAAs should be complete, accurate, and should include all AAA generated NAPIS related data reports including;

- (A) expenditures/non-federal;
- (B) focal point data;
- (C) staffing;
- (D) other service profile data; and
- (E) non-registered client estimates.

(4) Final submission of NAPIS data is due no later than **90** days following the end of the state fiscal year.

6004.2 THE BUREAU INFORMATION DIRECTORY (BID)

(a) The Bureau Information Directory (BID) serves as a repository of official **FSSA DA** information. A primary purpose of this system is the provision of an official central location of information that can be accessed by all **FSSA DA** staff and thereby provide consistency for reporting purposes and distribution of information. Other uses include but are not limited to:

- (1) Staff and unit responsibilities
- (2) Official client counts by program
- (3) Organizational Chart
- (4) Website access for **FSSA DA** related topics

(b) The BID system is expected to undergo additions and modifications of features as the function of the BID is better defined by **FSSA DA** use and need.

¹ DDRS/FSSA DA/AAA Agreement Contract 2004, General Provisions Section, Paragraph 1.

² DDRS/FSSA DA/AAA Agreement Contract 2004, General Provisions Section, Paragraph 1.

6004.3 THE FSSA DA WEBSITE

(a) The **FSSA DA** Data Management Unit also manages the **FSSA DA** Website. The **FSSA DA** website address is <http://www.in.gov/fssa/elderly/aging/index.html>.

(b) Among other documents and information, the **FSSA DA** website contains:

- (1) Provider Information
- (2) The Statewide In-Home Services Annual Report
- (3) The **FSSA DA** Operations Manual

(c) New or revised information to be placed in the **FSSA DA** website shall be given to the Data Management Unit, which in turn will contact the State webmaster.

(d) The Data Management Unit may review, edit or revise information, according to need, before it is sent to the State webmaster for placement in the **FSSA DA** website.

(e) The **FSSA DA** website may be accessed through the BID by completing the following steps:

- (1) Clicking on the BID icon, then
- (2) Clicking on **FSSA DA** and Related Websites.¹

¹ Added 5/13/05